| Schedule E)   | PAGE 1 OF 97<br>FOR SE OF FORM 24/48                                    |
|---|---|
| NAME OF COMMITTEE (In Full)   | FEC IDENTIFICATION NUMBER ▼   |
| Women Speak Out PAC   | C C00530766   |
|   | C 200330700   |
| Check if 24-hour report   | i on M M / D D / Y Y Y Y Y  |
| Full Name of Payee  | Date of Public Distribution/Dissemination                               |
| Carol L Walters   | 09 25 2014  |
| Mailing Address 1900 Glen West Way  | Amount  |
| City State Zip Code   | 50.00   |
| Fort Smith AR 72916   | Transaction ID: e44aef49-283a-42f5-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary  Category/ Type  001  | 09 / 25 / Y Y Y Y Y   |
| Name of Federal Candidate Support Office  | e Sought: House District: 00  |
| Mr. Mark L Pryor Oppose   | President Senate State: AR  |
| Calendar Year-To-Date Per Election for Office Sought  Disbute 2014  | ursement For:   |
| Full Name of Payee  James A Sears   | Date of Public Distribution/Dissemination                               |
| Mailing Address 305 Averroe Dr  | 09 25 2014  |
| Mailing Address 305 Averroe Dr  | Amount  |
| City State Zip Code   | 30.00   |
| Apex NC 27502   | Transaction ID: c9422cba-cf68-43ae-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary  Category/ Type  001  | 09 / 25 / Y Y Y Y   |
| Name of Federal Candidate Support Office  | e Sought: House District: 00  |
| Ms. Kay Hagan Oppose  | President Senate State: NC  |
| Calendar Year-To-Date Per Election for Office Sought  Disb 2012   | ursement For: Primary X General  4  Other (specify) ▶                   |
|   |   |
| (a) SUBTOTAL of Itemized Independent Expenditures   | 80.00   |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |   |
| (c) TOTAL Independent Expenditures  |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. |   |
|   | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| Signature   |   |

| Schedule E)   | INI EXI END          | ITOTILO               |                                    | PAGE 2 OF 97<br>FOR SE OF FORM 24/48           |
|---|----------------------|-----------------------|------------------------------------|--|
| NAME OF COMMITTEE (In Full)   |                      |                       | FEC IDE                            | ENTIFICATION NUMBER ▼                          |
| Women Speak Out PAC   |                      |                       | C                                  | 00530766                                       |
| Check if 24-hour report X 48-hour report  | New rep              | ort Amends repo       | rt filed on                        | D = D / Y = Y = Y                              |
| Full Name of Payee Dominic Vosloh   |                      |                       | Date of Public                     | Distribution/Dissemination                     |
| Mailing Address 64568 Hwy 41  |                      |                       | 09                                 | 25 / 2014                                      |
| Í   |                      |                       | Amount                             |  |
| City  | State                | Zip Code              |                                    | 25.00  |
| Pearl River   | LA                   | 70452                 |                                    | : 04d99fac-03e1-4067-a sement or Obligation    |
| Purpose of Expenditure<br>Salary  |                      | Category/<br>Type 001 | 09                                 | 25 / 2014                                      |
| Name of Federal Candidate   |                      | Support               | Office Sought:                     | House District: 00                             |
| Ms. Mary L Landrieu   |                      | X Oppose              | President X                        | Senate State: <u>LA</u>                        |
| Calendar Year-To-Date Per Election for Office Sought  | ,                    | 128218.85             | Disbursement For: [2014 Other (spe | Primary  |
| Full Name of Payee  |                      |                       | Date of Public                     | Distribution/Dissemination                     |
| Linda J Fueling   |                      |                       | 09                                 | 25 / 2014                                      |
| Mailing Address 6424 Purple Martin Ct   |                      |                       | Amount                             |  |
| City  | State                | Zip Code              |                                    | 25.00  |
| Wilmington  | NC                   | 28411                 |                                    | : b392759f-e859-43f3-8<br>sement or Obligation |
| Purpose of Expenditure<br>Salary  |                      | Category/<br>Type 001 | 09                                 | 25 / 2014                                      |
| Name of Federal Candidate   |                      | Support               | Office Sought:                     | House District:00                              |
| Ms. Kay Hagan   |                      | X Oppose              | President X                        | Senate State: NC                               |
| Calendar Year-To-Date Per Election for Office Sought  | , , ,                | 330480.58             | Disbursement For: 2014 Other (spe  | Primary  |
| (a) SUBTOTAL of Itemized Independent Expend   | tures                |                       |                                    | 50.00  |
|   |                      |                       | 7                                  | 7 7  |
| (b) SUBTOTAL of Unitemized Independent Expe   | nditures             |                       | <b>&gt;</b>                        |  |
| (c) TOTAL Independent Expenditures  |                      |                       | <b>&gt;</b>                        | 7  |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized |                       |                                    |  |
| Ms. Emily Buchanan Signature  | [Electron            | ically Filed] Date    | 09 / 27                            | 2014   |
| <b>V</b>  |                      |                       |                                    |  |

| Schedule E)                 | 0111 01 111521 2115                |                      | II OILEO              |                     | PAGE 3 OF 97<br>FOR SE OF FORM 24/48   |
|-----------------------------|------------------------------------|----------------------|-----------------------|---------------------|--|
| NAME OF COMMITT             |                                    |                      |                       |                     | FEC IDENTIFICATION NUMBER ▼  |
| Women Spea                  | k Out PAC                          |                      |                       |                     | C C00530766  |
| Check if 24-hou             | r report X 48-hour report          | New rep              | oort Amends repo      | ort filed on        | * M / D = D / Y = Y = Y  |
| Full Name of Pay            | /ee                                |                      |                       | Date (              | of Public Distribution/Dissemination   |
| Linda J Fue                 | eling                              |                      |                       |                     | 09 25 2014   |
| Mailing Address             | 6424 Purple Martin Ct              |                      |                       | Amou                | nt   |
| City                        |                                    | State                | Zip Code              |                     | 17.67  |
| Wilmington                  |                                    | NC                   | 28411                 |                     | action ID : a6778437-cbda-49c2-8 of Disbursement or Obligation                   |
| Purpose of Expe<br>Mileage  | nditure                            |                      | Category/<br>Type 002 | IM                  | 09 / 25 / Y Y Y Y Y Y  |
| Name of Federal             | Candidate                          |                      | Support               | Office Sough        | t: House District: 00  |
| Ms. Kay Hagan               |                                    |                      | X Oppose              | Preside             | ent Senate State: NC   |
| Calendar Ye<br>Per Election | ar-To-Date<br>for Office Sought    | , , ,                | 330480.58             | Disbursemen 2014 O  | t For:   |
| Full Name of Pa             | yee                                |                      |                       | Date                | of Public Distribution/Dissemination   |
| Eric J Smith                |                                    |                      |                       | TV                  | 09 25 2014   |
| Mailing Address             | 4967 Dysartville                   |                      |                       |                     | 20 2014  |
|                             | ,                                  |                      |                       | Amou                | nt   |
| City                        |                                    | State                | Zip Code              |                     | 80.00  |
| Morganton                   |                                    | NC                   | 28655                 | Transa<br>Date      | oction ID: 2b87d1d1-b9a5-4f6b-a<br>of Disbursement or Obligation                 |
| Purpose of Expe<br>Salary   | enditure                           |                      | Category/<br>Type 001 | N                   | 09 / 25 / Y 2014   |
| Name of Federa              | Candidate                          |                      | Support               | Office Sough        | it: House District: 00   |
| Ms. Kay Hagan               |                                    |                      | Oppose                | Preside             | ent Senate State: NC   |
| Calendar Ye<br>Per Election | ear-To-Date<br>n for Office Sought | 7                    | 330480.58             | Disbursemen<br>2014 | ther (specify) ▶   |
|                             |                                    |                      |                       |                     |  |
| (a) SUBTOTAL of             | f Itemized Independent Expend      | litures              |                       | •                   | 97.67  |
| (b) SUBTOTAL of             | f Unitemized Independent Expe      | enditures            |                       | ·· •                |  |
| (c) TOTAL Indepe            | endent Expenditures                |                      |                       | · •                 | 7 1 7 1 7  |
| with, or at the req         |                                    | didate or authorized |                       |                     | cooperation, consultation, or concert<br>the reporting entity is not a political |
| Ms. E                       | Emily Buchanan                     | [Electron            | nically Filed] Date   | e 09                | 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Signature                   |                                    |                      | _                     |                     |  |

|     | modulo L)   | FOR SE OF FORM 24/48  |
|-----|---|---|
|     | ME OF COMMITTEE (In Full)   | FEC IDENTIFICATION NUMBER ▼   |
| ۷۷  | omen Speak Out PAC  | C C00530766   |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed   | on M = M / D = D / Y = Y = Y  |
| Т   | Full Name of Payee  | Date of Public Distribution/Dissemination                               |
|     | Jennifer E Smith  | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
|     | Mailing Address 4967 Dysartsville Rd  | Amount  |
| ŀ   | City State Zip Code   | 80.00   |
|     | Morganton NC 28655  | Transaction ID: eb4508b0-5f95-4872-9 Date of Disbursement or Obligation |
|     | Purpose of Expenditure Salary  Category/ Type 001   | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| ľ   | Name of Federal Candidate Support Office  | Sought: House District:00   |
|     | Ms. Kay Hagan Oppose  | President State: NC   |
|     | Calendar Year-To-Date Per Election for Office Sought  Disbut 2014   | rrsement For: Primary General   |
| ŀ   |   | Other (specify)   |
|     | Full Name of Payee  Jennifer E Smith  | Date of Public Distribution/Dissemination                               |
|     | Mailing Address 4967 Dysartsville Rd  | 09 25 2014<br>Amount  |
| -   | City State Zip Code   | 7.50  |
|     | Morganton NC 28655  | Transaction ID: a5fd5954-8ff3-42ea-8 Date of Disbursement or Obligation |
|     | Purpose of Expenditure Mileage  Category/ Type  002   | 09 25 2014  |
| ľ   | Name of Federal Candidate Support Office  | e Sought: House District:00   |
|     |   | President State: NC   |
|     | Calendar Year-To-Date Per Election for Office Sought  Disbut 2014   | ursement For: Primary X General  Other (specify) ▶                      |
| (   | (a) SUBTOTAL of Itemized Independent Expenditures   | 87.50   |
| (   | (b) SUBTOTAL of Unitemized Independent Expenditures   |   |
| (   | (c) TOTAL Independent Expenditures  |   |
| ٧   | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. |   |
|     | Ms. Emily Buchanan [Electronically Filed] Date 0  |   |
|     | Signature   |   |
|     |   |   |

PAGE 4

OF

| Schedule E)  | JENT EXTEND            | ITORES                | <u> </u>                          | PAGE 5 OF 97<br>FOR SE OF FORM 24/48                  |
|--|------------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full)  |                        |                       | FEC IDE                           | ENTIFICATION NUMBER ▼                                 |
| Women Speak Out PAC  |                        |                       | Cc                                | 00530766  |
| Check if 24-hour report X 48-hour report   | New rep                | ort Amends repo       | rt filed on                       | D = D / Y = Y = Y                                     |
| Full Name of Payee   |                        |                       | Date of Public                    | Distribution/Dissemination                            |
| Jodi Fountain  |                        |                       | M 09 /                            | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y              |
| Mailing Address 1010 S Dogwood Drive   |                        |                       | Amount                            |   |
| City   | State                  | Zip Code              |                                   | 40.00   |
| Bogalusa   | LA                     | 70427                 |                                   | : 98566a1e-5197-4838-9<br>sement or Obligation        |
| Purpose of Expenditure<br>Salary   |                        | Category/<br>Type 001 | M M /                             | 25 / 2014   |
| Name of Federal Candidate  |                        | Support               | Office Sought:                    | House District: 00                                    |
| Ms. Mary L Landrieu  |                        | X Oppose              | President X                       | <u> </u>  |
| Calendar Year-To-Date Per Election for Office Sought   | 7                      | 128218.85             | Disbursement For: 2014 Other (spe | Primary   |
| Full Name of Payee   |                        |                       | Date of Public                    | Distribution/Dissemination                            |
| Jodi Fountain  |                        |                       | 09                                | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y              |
| Mailing Address 1010 S Dogwood Drive   |                        |                       | Amount                            |   |
| City   | State                  | Zip Code              |                                   | 7.80  |
| Bogalusa   | LA                     | 70427                 |                                   | : <b>a9270248-2c7c-4245-9</b><br>sement or Obligation |
| Purpose of Expenditure Mileage   |                        | Category/<br>Type 002 | M M /                             | 25 / 2014   |
| Name of Federal Candidate  |                        | Support               | Office Sought:                    | House District: 00                                    |
| Ms. Mary L Landrieu  |                        | Oppose                | President X                       | Senate State: LA                                      |
| Calendar Year-To-Date Per Election for Office Sought   |                        | 128218.85             | Disbursement For: 2014 Other (spe | Primary   |
| (a) SUBTOTAL of Itemized Independent Exper   | nditures               |                       |                                   | 47.80   |
|  |                        |                       | 7                                 | 7 7   |
| (b) SUBTOTAL of Unitemized Independent Exp   | oenditures             |                       | <b>•</b>                          | 7   |
| (c) TOTAL Independent Expenditures   |                        |                       | <b>•</b>                          | 1 2 2   |
| Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee | indidate or authorized |                       |                                   |   |
| Ms. Emily Buchanan Signature   | [Electron              | nically Filed] Date   | 09 / 27                           | 2014  |
| <b>3</b>   |                        |                       |                                   |   |

| Schedule E)   | PENT EXTEND          | TIONES                | PAGE<br>FOR                                | 6 OF 97<br>SE OF FORM 24/48            |
|---|----------------------|-----------------------|--|--|
| NAME OF COMMITTEE (In Full)   |                      |                       | FEC IDENTIF                                | ICATION NUMBER ▼                       |
| Women Speak Out PAC   |                      |                       | C C0053                                    | 0766                                   |
| Check if 24-hour report X 48-hour report  | New rep              | port Amends repo      | rt filed on M / D                          | D / Y = Y = Y                          |
| Full Name of Payee  James Kindstedt   |                      |                       |  | bution/Dissemination                   |
| Mailing Address 5510 Dogwood Dr   |                      |                       | 09 / 29                                    |  |
| COTO Bogilloca Bi   |                      |                       | Amount                                     |  |
| City  | State                | Zip Code              |  | 30.00                                  |
| Winston Salem   | NC                   | 27105                 | Transaction ID : c09 Date of Disburseme    | 91ca41-56b6-4987-b<br>nt or Obligation |
| Purpose of Expenditure<br>Salary  |                      | Category/<br>Type 001 | 09 / 2                                     | 5 2014                                 |
| Name of Federal Candidate   |                      | Support               | Office Sought: Hou                         | use District: 00                       |
| Ms. Kay Hagan   |                      | X Oppose              | President X Ser                            | ate State: NC                          |
| Calendar Year-To-Date Per Election for Office Sought  | 7                    | 330480.58             | Disbursement For: F                        | Primary X General                      |
| Full Name of Payee  |                      |                       | Date of Public Distri                      | ibution/Dissemination                  |
| James Kindstedt   |                      |                       |  | 5 2014                                 |
| Mailing Address 5510 Dogwood Dr   |                      |                       | Amount                                     |  |
| City  | State                | Zip Code              |  | 16.14                                  |
| Winston Salem   | NC                   | 27105                 | Transaction ID : 1ce<br>Date of Disburseme |  |
| Purpose of Expenditure Mileage  |                      | Category/<br>Type 002 | 09 / 2                                     | 5 / 2014                               |
| Name of Federal Candidate   |                      | Support               | Office Sought: Hou                         | use District: 00                       |
| Ms. Kay Hagan   |                      | Oppose                | President X Ser                            |  |
| Calendar Year-To-Date Per Election for Office Sought  |                      | 330480.58             | Disbursement For: F 2014 Other (specify)   | Primary X General                      |
| (a) SUBTOTAL of Itemized Independent Exper  | ditures              |                       | <b>.</b>                                   | 46.14                                  |
|   |                      |                       | 7  | 7                                      |
| (b) SUBTOTAL of Unitermized Independent Exp   | enditures            |                       | <b>•</b>                                   | 4                                      |
| (c) TOTAL Independent Expenditures  |                      |                       | <b>&gt;</b>                                | 7                                      |
| Under penalty of perjury I certify that the inder<br>with, or at the request or suggestion of, any caparty committee) any political party committee | ndidate or authorize |                       |  |  |
| Ms. Emily Buchanan Signature  | [Electron            | nically Filed] Date   | 09 27 1                                    | 2014                                   |
| Signature   |                      |                       |  |  |

| Schedule E)  | DENT EXTEND            | ITORES                | <b>+</b>                          | PAGE 7 OF 97<br>FOR SE OF FORM 24/48             |
|--|------------------------|-----------------------|-----------------------------------|--|
| NAME OF COMMITTEE (In Full)  |                        |                       | FEC ID                            | ENTIFICATION NUMBER ▼                            |
| Women Speak Out PAC  |                        |                       | C                                 | C00530766  |
| Check if 24-hour report X 48-hour repor  | t New rep              | ort Amends repo       | rt filed on                       | D = D / Y = Y = Y                                |
| Full Name of Payee   |                        |                       | Date of Public                    | Distribution/Dissemination                       |
| Joanna Kindstedt   |                        |                       | 09                                | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |
| Mailing Address 2134 Tobaccoville Rd   |                        |                       | Amount                            |  |
| City   | State                  | Zip Code              |                                   | 30.00  |
| Rural Hall   | NC                     | 27045                 |                                   | D: 17b66aab-aa1e-4807-a<br>rsement or Obligation |
| Purpose of Expenditure<br>Salary   |                        | Category/<br>Type 001 | 09                                | 25 / 2014  |
| Name of Federal Candidate  |                        | Support               | Office Sought:                    | House District:00                                |
| Ms. Kay Hagan  |                        | X Oppose              | President >                       | <u></u>  |
| Calendar Year-To-Date Per Election for Office Sought   | ,                      | 330480.58             | Disbursement For: 2014 Other (spe | Primary  |
| Full Name of Payee   | _                      |                       | Date of Public                    | Distribution/Dissemination                       |
| Victoria A Gray  |                        |                       | M M /                             | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |
| Mailing Address 2173 Spokane Rd  |                        |                       | Amount                            |  |
| City   | State                  | Zip Code              |                                   | 60.00  |
| Fayetteville   | NC                     | 28304                 |                                   | : 9f24c527-b4ee-4926-8 rsement or Obligation     |
| Purpose of Expenditure<br>Salary   |                        | Category/<br>Type 001 | 09                                | 25 / 2014  |
| Name of Federal Candidate  |                        | Support               | Office Sought:                    | House District: 00                               |
| Ms. Kay Hagan  |                        | X Oppose              | President >                       | Senate State: NC                                 |
| Calendar Year-To-Date Per Election for Office Sought   |                        | 330480.58             | Disbursement For: 2014 Other (spe | Primary X General                                |
| (a) SUBTOTAL of Itemized Independent Expe  | nditures               |                       |                                   | 90.00  |
|  |                        |                       | 7                                 | 7  |
| (b) SUBTOTAL of Unitemized Independent Ex  | penditures             |                       | <b>&gt;</b>                       |  |
| (c) TOTAL Independent Expenditures   |                        |                       | <b>•</b>                          |  |
| Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee | andidate or authorized |                       |                                   |  |
| Ms. Emily Buchanan Signature   | [Electron              | ically Filed] Date    | M M / D D D 27                    | 2014   |
| •  |                        |                       |                                   |  |

| Schedule E)  | PENT EXTEND          | TIONES                | PAGE 8 OF 97<br>FOR SE OF FORM 24/48   |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                      |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                      |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | New rep              | port Amends repo      | rt filed on  |
| Full Name of Payee<br>Victoria A Gray                |                      |                       | Date of Public Distribution/Dissemination  |
| · ·  |                      |                       | 09 / 25 / 2014   |
| Mailing Address 2173 Spokane Rd                      |                      |                       | Amount   |
| City   | State                | Zip Code              | 9.00   |
| Fayetteville   | NC                   | 28304                 | Transaction ID: 6823630b-36a7-4f66-a Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Mileage                    |                      | Category/<br>Type 002 | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                      | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                      | 330480.58             | Disbursement For:  Primary   |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Casey Stockton                                       |                      |                       | 09 25 2014   |
| Mailing Address 105 South Dale St                    |                      |                       | Amount   |
| City   | State                | Zip Code              | 70.00  |
| Spruce Pine  | NC                   | 28777                 | Transaction ID: 0130f09d-4bfa-436b-8 Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Salary                     |                      | Category/<br>Type 001 | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                      | Oppose                | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                      | 330480.58             | Disbursement For: Primary X General 2014 Other (specify) ▶   |
| (a) SUBTOTAL of Itemized Independent Exper           | ditures              |                       | 79.00  |
| (b) OUDTOTAL of Helbowined belowed as Foreign        |                      |                       |  |
| (b) SUBTOTAL of Unitermized Independent Exp          | enditures            |                       | •  |
| (c) TOTAL Independent Expenditures                   |                      |                       | <b>&gt;</b>  |
|  | ndidate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron            | nically Filed] Date   | 09   |
| •  |                      |                       |  |

| Schedule E)  | EXI END       |                       |                          | PAGE 9 OF 97<br>FOR SE OF FORM 24/48                      |
|--|---------------|-----------------------|--------------------------|---|
| NAME OF COMMITTEE (In Full)  |               |                       | F                        | EC IDENTIFICATION NUMBER ▼                                |
| Women Speak Out PAC  |               |                       |                          | C C00530766   |
|  |               |                       |                          |   |
| Check if 24-hour report X 48-hour report   | X New repo    | oort Amends repo      | rt filed on              | M / D = D / Y = Y = Y                                     |
| Full Name of Payee Mary Johnson  |               |                       |                          | Public Distribution/Dissemination                         |
|  |               |                       |                          | 9 25 2014   |
| Mailing Address 105 South Dale St  |               |                       | Amount                   |   |
| City   | State         | Zip Code              |                          | 70.00   |
| Spruce Pine  | NC            | 28777                 |                          | ction ID: 31d607e0-e196-4dad-a Disbursement or Obligation |
| Purpose of Expenditure<br>Salary   |               | Category/<br>Type 001 | M                        | 99 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| Name of Federal Candidate  |               | Support               | Office Sought:           | House District:00   |
| Ms. Kay Hagan  |               | X Oppose              | Presiden                 | NO.   |
| Calendar Year-To-Date Per Election for Office Sought   | ;             | 330480.58             | Disbursement<br>2014 Oth | For: Primary X General                                    |
| Full Name of Payee   |               |                       |                          | Public Distribution/Dissemination                         |
| David Ford   |               |                       |                          | 09 25 2014  |
| Mailing Address 106 Hillside St  |               |                       |                          |   |
|  |               |                       | Amount                   |   |
| <b>1</b> ′   | State         | Zip Code              |                          | 62.50   |
| Spindale   | NC            | 28160                 |                          | tion ID : 3fa1f2bc-24b5-4b6b-a Disbursement or Obligation |
| Purpose of Expenditure<br>Salary   |               | Category/<br>Type 001 |                          | 9 / 25 / 2014   |
| Name of Federal Candidate  |               | Support               | Office Sought:           | House District: 00  |
| Ms. Kay Hagan  |               | Oppose                | Presider                 | nt Senate State: NC                                       |
| Calendar Year-To-Date Per Election for Office Sought   |               | 330480.58             | Disbursement<br>2014 Oth | For: Primary X General ner (specify) ►                    |
|  |               |                       |                          |   |
| (a) SUBTOTAL of Itemized Independent Expenditures.   |               |                       | · <b>•</b>               | 132.50  |
| (b) SUBTOTAL of Unitemized Independent Expenditure   | es            |                       | · •                      | 41141141  |
| (c) TOTAL Independent Expenditures   |               |                       | •                        | 7   |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac | or authorized |                       |                          |   |
| Ms. Emily Buchanan   | [Electron     | nically Filed] Date   | 09                       | 27 2014   |
| Signature  |               |                       |                          |   |

| Schedule E)  | L/11 -1.12    |                       |                         | PAGE 10 OF 97<br>FOR SE OF FORM 24/48                          |
|--|---------------|-----------------------|-------------------------|--|
| NAME OF COMMITTEE (In Full)  |               |                       |                         | FEC IDENTIFICATION NUMBER ▼                                    |
| Women Speak Out PAC  |               |                       |                         | C C00530766  |
| o  |               | . 🗆 🐧                 |                         | -M / D D / Y Y Y Y   |
| Check if 24-hour report X 48-hour report   | X New repo    | ort Amends repo       | rt filed on             |  |
| Full Name of Payee Regina R Mouton   |               |                       | M                       | f Public Distribution/Dissemination                            |
| Mailing Address 5827 Brighton Pl   |               |                       | Amour                   |  |
| City   | State         | Zip Code              |                         | 15.00  |
| New Orleans  | LA            | 70131                 |                         | action ID : 1f98ded8-0c64-4548-b  f Disbursement or Obligation |
| Purpose of Expenditure<br>Salary   |               | Category/<br>Type 001 | М                       | 09 / 25 / 2014   |
| Name of Federal Candidate  |               | Support               | Office Sought           | : House District:00  |
| Ms. Mary L Landrieu  |               | X Oppose              | Preside                 | nt Senate State: LA  |
| Calendar Year-To-Date Per Election for Office Sought   | 1             | 28218.85              | Disbursement<br>2014 Ot | For: Primary X General her (specify) ▶                         |
| Full Name of Payee   |               |                       | Date o                  | of Public Distribution/Dissemination                           |
| Regina R Mouton  |               |                       |                         | 09 25 2014   |
| Mailing Address 5827 Brighton PI   |               |                       |                         |  |
|  |               |                       | Amour                   | nt   |
| City   | State         | Zip Code              |                         | 3.00   |
| New Orleans  | LA            | 70131                 | Transac<br>Date of      | ction ID : 4df340e1-407b-4263-9 of Disbursement or Obligation  |
| Purpose of Expenditure Mileage   |               | Category/<br>Type 002 | M                       | 09 25 / Y Y Y Y  |
| Name of Federal Candidate  |               | Support               | Office Sought           | t: House District:00   |
| Ms. Mary L Landrieu  |               | X Oppose              | Preside                 | ent Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought   |               | 128218.85             | Disbursement<br>2014 Ot | t For: Primary X General                                       |
|  |               |                       |                         |  |
| (a) SUBTOTAL of Itemized Independent Expenditures  |               |                       | <b>•</b>                | 18.00  |
| (b) SUBTOTAL of Uniternized Independent Expenditure  | es            |                       | · •                     |  |
| (c) TOTAL Independent Expenditures   |               |                       | · [                     | 7  |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized |                       |                         |  |
| Ms. Emily Buchanan   | [Electron     | ically Filed] Date    | M M / 09                | 27 2014  |
| Signature  |               |                       |                         |  |

|  | FOR SE OF FORM 24/48   |
|--|--|
| NAME OF COMMITTEE (In Full)  | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC  | C C00530766  |
| Check if 24-hour report  48-hour report  New report  Amends report filed on  | M = M / D = D / Y = Y = Y  |
|  | e of Public Distribution/Dissemination                               |
| Toni A Persinger-Buckler   | 09 25 2014   |
| Mailing Address 5330 Nestleway Dr  | ount   |
| City State Zip Code  | 7.50   |
| Clemmons NC 27012 Trai   | nsaction ID: d47202a0-01fd-41e4-a<br>e of Disbursement or Obligation |
| Purpose of Expenditure Salary  Category/ Type  001   | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                          |
| Name of Federal Candidate Support Office Sou   | ght: House District: 00  |
| Ms. Kay Hagan  | ident State: NC  |
| Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014  | ent For: Primary ⊠ General  Other (specify) ▶                        |
| Full Name of Payee Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr   | te of Public Distribution/Dissemination  109                         |
| City State Zip Code  | 3.15   |
| Clemmons NC 27012 Tran   | saction ID : d3c550ef-3895-4900-a<br>e of Disbursement or Obligation |
| Purpose of Expenditure Mileage  Category/ Type  002  | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                          |
| Name of Federal Candidate Support Office Sou   | ight: House District: 00   |
| Ms. Kay Hagan Oppose Pres  | sident State: NC   |
| Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014   | ent For:   |
| (a) SUBTOTAL of Itemized Independent Expenditures  | 10.65  |
| (b) SUBTOTAL of Unitemized Independent Expenditures  | 7 7 7  |
| (c) TOTAL Independent Expenditures   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent. |  |
| Ms. Emily Buchanan [Electronically Filed] Date 09  | / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Signature  |  |

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OF

| Schedule E)   |                            | PAGE 12 OF 97<br>FOR SE OF FORM 24/48   |
|---|----------------------------|---|
| NAME OF COMMITTEE (In Full)   |                            | FEC IDENTIFICATION NUMBER ▼   |
| Women Speak Out PAC   |                            | C C00530766   |
| Check if 24-hour report X 48-hour report N  | lew report Amends report   | filed on M M / D D / Y Y Y Y Y  |
| Full Name of Payee<br>Riley J Randolph  |                            | Date of Public Distribution/Dissemination                                       |
| Mailing Address 1701 N Lewis Ave Apt 10   |                            | 09 25 2014  Amount  |
| City State  | Zip Code                   | 20.00   |
| Fayetteville AR   | 72703                      | Transaction ID : fc64ee06-9675-4700-8  Date of Disbursement or Obligation       |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001      | 09 25 / 2014  |
| Name of Federal Candidate   | Support                    | Office Sought: House District:00  |
| Mr. Mark L Pryor  | X Oppose                   | President Senate State: AR  |
| Calendar Year-To-Date Per Election for Office Sought  |                            | Disbursement For: Primary General  Other (specify) ▶                            |
| Full Name of Payee Riley J Randolph   |                            | Date of Public Distribution/Dissemination                                       |
| Mailing Address 1701 N Lewis Ave Apt 10   |                            | 09 25 2014<br>Amount  |
| 014   | Z'o Ocale                  |   |
| City State Fayetteville AR  | Zip Code<br>72703          | 1.80  Transaction ID : cec75087-604d-49ad-9  Date of Disbursement or Obligation |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type 002      | 09 / 25 / Y Y Y Y Y Y Y Y   |
| Name of Federal Candidate   | Support                    | Office Sought: House District: 00   |
| Mr. Mark L Pryor  | Oppose                     | President Senate State: AR  |
| Calendar Year-To-Date Per Election for Office Sought  |                            | Disbursement For: Primary   |
| (a) SUBTOTAL of Itemized Independent Expenditures   |                            | 21.80   |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |                            | ·   |
| (c) TOTAL Independent Expenditures  |                            |   |
| Under penalty of perjury I certify that the independent expen<br>with, or at the request or suggestion of, any candidate or aut<br>party committee) any political party committee or its agent. |                            |   |
|   | Electronically Filed] Date | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
| Signature   |                            |   |

| Schedule E)   | LIVI EXI END         | HONES                 | PAGE 13 OF<br>FOR SE OF FORM                                     |              |
|---|----------------------|-----------------------|--|--------------|
| NAME OF COMMITTEE (In Full)   |                      |                       | FEC IDENTIFICATION NU  | MBER ▼       |
| Women Speak Out PAC   |                      |                       | C C00530766  |              |
| Check if 24-hour report X 48-hour report  | X New rep            | oort Amends repo      | t filed on   | YYY          |
| Full Name of Payee  |                      |                       | Date of Public Distribution/Disser                               | nination     |
| Jeanne Tribou   |                      |                       |  | 2014         |
| Mailing Address 22369 Ponderosa Dr.   |                      |                       | Amount   |              |
| City  | State                | Zip Code              |  | 50.00        |
| Mandeville  | LA                   | 70471                 | Transaction ID : 2661bd17-4577  Date of Disbursement or Obligati |              |
| Purpose of Expenditure<br>Salary  |                      | Category/<br>Type 001 |  | 2014         |
| Name of Federal Candidate   |                      | Support               | Office Sought: House District                                    | t:00         |
| Ms. Mary L Landrieu   |                      | X Oppose              | President Senate State   | 7            |
| Calendar Year-To-Date Per Election for Office Sought  | ,,,,                 | 128218.85             | Disbursement For:  Primary  2014  Other (specify) ▶              | General      |
| Full Name of Payee  |                      |                       | Date of Public Distribution/Disser                               | mination     |
| Jeanne Tribou   |                      |                       |  | 2014         |
| Mailing Address 22369 Ponderosa Dr.   |                      |                       | Amount   |              |
| City  | State                | Zip Code              |  | 10.20        |
| Mandeville  | LA                   | 70471                 | Transaction ID: 55b85364-ee72- Date of Disbursement or Obligati  |              |
| Purpose of Expenditure<br>Mileage   |                      | Category/<br>Type 002 |  | 2014         |
| Name of Federal Candidate   |                      | Support               | Office Sought: House Distric                                     | t: <u>00</u> |
| Ms. Mary L Landrieu   |                      | Oppose                | President Senate State   | _            |
| Calendar Year-To-Date Per Election for Office Sought  |                      | 128218.85             | Disbursement For:  Primary ≥ 2014 Other (specify) ►              | General      |
| (a) SUBTOTAL of Itemized Independent Expend   | itures               |                       | 6  | 0.20         |
|   |                      |                       | 7 7  |              |
| (b) SUBTOTAL of Unitemized Independent Expe   | enditures            |                       | <b>&gt;</b>  | 45           |
| (c) TOTAL Independent Expenditures  |                      |                       | ·  | <u>~</u>     |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized |                       |  |              |
| Ms. Emily Buchanan Signature  | [Electron            | nically Filed] Date   | 09 27 2014   |              |
| 5.g   |                      |                       |  |              |

|  | FOR SE OF FORM 24/48  |
|--|---|
| NAME OF COMMITTEE (In Full)                          | FEC IDENTIFICATION NUMBER ▼   |
| Women Speak Out PAC                                  | C C00530766   |
| Check if 24-hour report X 48-hour report New         | report Amends report filed on Amends report   |
| Full Name of Payee                                   | Date of Public Distribution/Dissemination   |
| Krystal A Wilson                                     | 09 / 25 / 2014  |
| Mailing Address 448 Judson Dr                        | Amount  |
| City State   | Zip Code 40.00  |
| Wake Forest NC                                       | 27587 Transaction ID : ba8d8e4d-33e0-4433-a Date of Disbursement or Obligation  |
| Purpose of Expenditure<br>Salary                     | Category/ Type 001 09 25 2014   |
| Name of Federal Candidate                            | Support Office Sought: House District: 00   |
| Ms. Kay Hagan  | Oppose President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary X General 2014 Other (specify) ▶  |
| Full Name of Payee                                   |   |
| Lorri Anderson                                       | Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 7214 Duchamp Dr                      | Amount  |
| City State   | Zip Code 50.00  |
| Charlotte NC   | 23215 Transaction ID: e2fdd797-945e-4d7d-8 Date of Disbursement or Obligation   |
| Purpose of Expenditure<br>Salary                     | Category/ Type 001 09 / 25 / 2014   |
| Name of Federal Candidate                            | Support Office Sought: House District: 00   |
| Ms. Kay Hagan  | Oppose President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶   |
| (a) SUBTOTAL of Itemized Independent Expenditures    | 90.00   |
| (b) SUBTOTAL of Unitemized Independent Expenditures  | <b>•</b>  |
| (c) TOTAL Independent Expenditures                   | <b>&gt;</b>   |
|  | cures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan [Elec                             | ctronically Filed] Date 09 27 2014  |
| Signature  | 240   |

PAGE

OF

| Schedule E)  | LIVI EXI LIVE        | TIONES                | PAGE 15 OF 97<br>FOR SE OF FORM 24/48  |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                      |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                      |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | New rep              | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Lorri Anderson                                       |                      |                       | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Mailing Address 7214 Duchamp Dr                      |                      |                       | Amount   |
| City   | State                | Zip Code              | 12.60  |
| Charlotte  | NC                   | 23215                 | Transaction ID: 7354751d-3893-4637-8 Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Mileage                    |                      | Category/<br>Type 002 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                      | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought | .,,                  | 330480.58             | Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶  |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Clay A McCreary                                      |                      |                       | 09 / 25 / 2014   |
| Mailing Address 1762 Orchard Drive                   |                      |                       | Amount   |
| City   | State                | Zip Code              | 30.00  |
| Lenoir   | NC                   | 28645                 | Transaction ID: 4aad2219-f47b-4f8f-b Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Salary                     |                      | Category/<br>Type 001 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                      | Oppose                | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                      | 330480.58             | Disbursement For:  Primary  ☐ General  2014  Other (specify) ►   |
| (a) SUBTOTAL of Itemized Independent Expen           | ditures              |                       | 42.60  |
|  |                      |                       |  |
| (b) SUBTOTAL of Unitemized Independent Exp           | enditures            |                       | •  |
| (c) TOTAL Independent Expenditures                   |                      |                       | •  |
|  | ndidate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron            | nically Filed] Date   | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| •  |                      |                       |  |

| Schedule E)  |                       | 1101120               |                             | PAGE 16 OF 97<br>FOR SE OF FORM 24/48                     |
|--|-----------------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full)  |                       |                       | FEG                         | C IDENTIFICATION NUMBER ▼                                 |
| Women Speak Out PAC  |                       |                       | C                           |   |
| Check if 24-hour report X 48-hour report   | New rep               | port Amends repo      | ort filed on                | / D = D / Y = Y = Y                                       |
| Full Name of Payee   |                       |                       | Date of Pu                  | ublic Distribution/Dissemination                          |
| Clay A McCreary  |                       |                       | Date of Pt                  |   |
| Mailing Address 1762 Orchard Drive   |                       |                       | Amount                      |   |
| City   | State                 | Zip Code              |                             | 10.80   |
| Lenoir   | NC                    | 28645                 |                             | on ID : 962d4101-ad1f-4d1e-b<br>isbursement or Obligation |
| Purpose of Expenditure<br>Mileage  |                       | Category/<br>Type 002 | 09                          | 25 2014   |
| Name of Federal Candidate  |                       | Support               | Office Sought:              | House District:00   |
| Ms. Kay Hagan  |                       | X Oppose              | President                   | Senate State: NC  |
| Calendar Year-To-Date Per Election for Office Sought   |                       | 330480.58             | Disbursement Fo 2014 Other  | r: Primary X General (specify) ▶                          |
| Full Name of Payee   |                       |                       | Date of P                   | ublic Distribution/Dissemination                          |
| Devan J McNeil   |                       |                       | M = M 09                    | 25 2014   |
| Mailing Address 2521 Corolla Hills Dr  |                       |                       |                             | 20 2011   |
|  |                       |                       | Amount                      |   |
| City   | State                 | Zip Code              |                             | 15.00   |
| Lenoir   | NC                    | 28645                 | <b>Transactio</b> Date of D | n ID : 5689eb37-e3bc-4ec4-b<br>isbursement or Obligation  |
| Purpose of Expenditure<br>Salary   |                       | Category/<br>Type 001 | 09                          | / 25 / Y 2014   |
| Name of Federal Candidate  |                       | Support               | Office Sought:              | House District:00   |
| Ms. Kay Hagan  |                       | X Oppose              | President                   | Senate State: NC  |
| Calendar Year-To-Date Per Election for Office Sought   |                       | 330480.58             | Disbursement Fo             | or:   |
|  |                       |                       |                             |   |
| (a) SUBTOTAL of Itemized Independent Expen   | ditures               |                       | •                           | 25.80   |
| (b) SUBTOTAL of Unitemized Independent Exp   | enditures             |                       | · •                         | 7 1 7 1 7 1   |
| (c) TOTAL Independent Expenditures   |                       |                       | <b>&gt;</b>                 | 7   |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of | ndidate or authorized |                       |                             |   |
| Ms. Emily Buchanan   | [Electroi             | nically Filed] Date   |                             | 27 2014   |
| Signature  |                       | _                     |                             |   |

| Schedule E)  | INT EXI END       | HONES                 | _                                      | AGE 17 OF 97<br>OR SE OF FORM 24/48                         |
|--|-------------------|-----------------------|--|---|
| NAME OF COMMITTEE (In Full)  |                   |                       | FEC IDEN                               | ITIFICATION NUMBER ▼  |
| Women Speak Out PAC  |                   |                       | C coo                                  | 0530766   |
| Check if 24-hour report X 48-hour report   | New rep           | port Amends repo      | rt filed on                            | D = D / Y = Y = Y   |
| Full Name of Payee   |                   |                       | Date of Public Di                      | istribution/Dissemination                                   |
| Devan J McNeil   |                   |                       | M M /                                  | 25 2014   |
| Mailing Address 2521 Corolla Hills Dr  |                   |                       | Amount                                 |   |
| City   | State             | Zip Code              |  | 5.10  |
| Lenoir   | NC                | 28645                 |  | 2c77fb36-28d2-4598-b<br>ment or Obligation                  |
| Purpose of Expenditure<br>Mileage  |                   | Category/<br>Type 002 | 09                                     | 25 / 2014   |
| Name of Federal Candidate  |                   | Support               | Office Sought:                         | House District: 00  |
| Ms. Kay Hagan  |                   | X Oppose              | President X                            | Senate State: NC  |
| Calendar Year-To-Date Per Election for Office Sought   | · · · · · ·       | 330480.58             | Disbursement For:  2014  Other (specif | Primary   |
| Full Name of Payee   | ·                 |                       | Date of Public D                       | istribution/Dissemination                                   |
| Amber N Robbins  |                   |                       | M M / 09                               | 25 2014   |
| Mailing Address 1074 A Cottrell Hill Rd Apt A  |                   |                       | Amount                                 | 2014  |
| 011  | Otata             | 75.0.4.               |  | 45.00   |
| City Lenior  | State<br>NC       | Zip Code<br>28645     |  | 15.00<br>1 <b>b22a97-05a7-413e-9</b><br>ement or Obligation |
| Purpose of Expenditure<br>Salary   |                   | Category/<br>Type 001 |  | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| Name of Federal Candidate  |                   | Support               | Office Sought:                         | House District: 00  |
| Ms. Kay Hagan  |                   | Oppose                | •                                      | Senate State: NC  |
| Calendar Year-To-Date Per Election for Office Sought   | , ,               | 330480.58             | Disbursement For: 2014 Other (specif   | Primary ☐ General fy) ►                                     |
| (a) SUBTOTAL of Itemized Independent Expendit  | uree              |                       |  | 20.10   |
| (a) SOBTOTAL OF ROMIZED INDEPENDENT EXPENDIT   | u103              |                       | 7                                      | 20.10   |
| (b) SUBTOTAL of Unitemized Independent Expen   | ditures           |                       | <b>•</b>                               | 7 1 7 1   |
| (c) TOTAL Independent Expenditures   |                   |                       | <b>)</b>                               | 7   |
| Under penalty of perjury I certify that the indeper<br>with, or at the request or suggestion of, any cand<br>party committee) any political party committee or i | date or authorize |                       |  |   |
| Ms. Emily Buchanan Signature   | [Electron         | nically Filed] Date   | 09 27                                  | 2014  |
| -  |                   |                       |  |   |

| Sch  | edule E)  | 1120                 |                             | PAGE 18 OF 97<br>FOR SE OF FORM 24/48                  |
|------|---|----------------------|-----------------------------|--|
|      | E OF COMMITTEE (In Full)  |                      | FEC                         | IDENTIFICATION NUMBER ▼                                |
| Wo   | omen Speak Out PAC  |                      | C                           | C00530766  |
| Chec | ck if 24-hour report X 48-hour report New report  | Amends repor         | t filed on                  | / D = D / Y = Y = Y                                    |
| _    |   | Amends repor         | t med on                    |  |
|      | Full Name of Payee  Mark McNair   |                      | Date of Pu                  | blic Distribution/Dissemination                        |
| 1    | Mailing Address 11 Cooper Lane  |                      | Amount                      |  |
|      | Dity State Zip  | Code                 |                             | 63.00  |
| - 1  | Conway AR 720   |                      |                             | n ID: 2b89b160-5df3-471b-8<br>sbursement or Obligation |
|      | Purpose of Expenditure Salary Ca  | ategory/<br>Type 001 | M 09                        | / D D / Y Y Y Y Y 2014                                 |
| 1    | Name of Federal Candidate   | Support              | Office Sought:              | House District: 00                                     |
|      | Mr. Mark L Pryor  | X Oppose             | President                   | Senate State: AR                                       |
|      | Calendar Year-To-Date Per Election for Office Sought 10636  | 63.73                | Disbursement For 2014 Other | : Primary X General                                    |
|      | Full Name of Payee  |                      | Date of Pu                  | blic Distribution/Dissemination                        |
|      | Mark McNair   |                      | M M                         | 25 2014  |
| Ī    | Mailing Address 11 Cooper Lane  |                      |                             |  |
|      |   |                      | Amount                      |  |
|      | City State Zip  | Code                 |                             | 11.73  |
|      |   | 034                  |                             | n ID: 80af1605-8ada-4aff-a<br>sbursement or Obligation |
|      | Purpose of Expenditure Mileage  | ategory/<br>Type 002 | 09 <sup>M</sup>             | / 25 / Y Y Y Y Y Y Y                                   |
|      | Name of Federal Candidate   | Support              | Office Sought:              | House District:00                                      |
|      | Mr. Mark L Pryor  | X Oppose             | President                   | Senate State: AR                                       |
|      | Calendar Year-To-Date Per Election for Office Sought  | 06363.73             | Disbursement For 2014 Other | :  |
|      |   |                      |                             |  |
| (a   | ) SUBTOTAL of Itemized Independent Expenditures   |                      | <b>•</b>                    | 74.73  |
| (b   | substotal of Unitemized Independent Expenditures  |                      | <b>•</b>                    | 7 1 7 1 7  |
| (c   | TOTAL Independent Expenditures  |                      | <b>.</b>                    | 7  |
| wi   | nder penalty of perjury I certify that the independent expenditures reporth, or at the request or suggestion of, any candidate or authorized comarty committee) any political party committee or its agent. |                      |                             |  |
|      | Ms. Emily Buchanan [Electronically  | v Filed] Date        | M M / D 27                  |  |
|      | Signature   |                      |                             |  |

| Schedule E)  |                           | 101120                    |                            | PAGE 19 OF 97<br>FOR SE OF FORM 24/48                     |
|--|---------------------------|---------------------------|----------------------------|---|
| NAME OF COMMITTEE (In Full)  |                           |                           | F                          | EC IDENTIFICATION NUMBER ▼                                |
| Women Speak Out PAC  |                           |                           |                            | C C00530766   |
| Check if 24-hour report X 48-hour re   | eport New repo            | ort Amends repo           | ort filed on               | M / D D / Y Y Y Y Y                                       |
| Full Name of Payee Virginia M Stevens  |                           |                           |                            | Public Distribution/Dissemination                         |
| Mailing Address 1691 Fork Mtn Rd   |                           |                           | O                          | 9 25 7 2014   |
|  |                           |                           | Amount                     |   |
| City   |                           | Zip Code                  |                            | 70.00   |
| Bakersville  | NC                        | 28705                     |                            | ction ID: a8828268-74bc-4cd5-9 Disbursement or Obligation |
| Purpose of Expenditure<br>Salary   |                           | Category/<br>Type 001     | 0                          | 9 25 7 2014   |
| Name of Federal Candidate  |                           | Support                   | Office Sought:             | House District: 00  |
| Ms. Kay Hagan  |                           | Oppose                    | Presiden                   | t Senate State: NC  |
| Calendar Year-To-Date<br>Per Election for Office Sought  | 3                         | 30480.58                  | Disbursement I<br>2014 Oth | For: Primary X General er (specify) ▶                     |
| Full Name of Payee   |                           |                           |                            | Public Distribution/Dissemination                         |
| Virginia M Stevens   |                           |                           | M                          | 9 25 2014   |
| Mailing Address 1691 Fork Mtn Rd   |                           |                           |                            | 25 2014   |
|  |                           |                           | Amount                     |   |
| City   | State                     | Zip Code                  |                            | 28.80   |
| Bakersville<br>  | NC                        | 28705                     |                            | tion ID : f9b13120-0e0a-428f-a Disbursement or Obligation |
| Purpose of Expenditure<br>Mileage  |                           | Category/<br>Type 002     |                            | 9 / 25 / Y 2014   |
| Name of Federal Candidate  |                           | Support                   | Office Sought:             | House District: 00  |
| Ms. Kay Hagan  |                           | Oppose                    | Presiden                   | nt Senate State: NC                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought  |                           | 330480.58                 | Disbursement 2014 Oth      | For: Primary X General er (specify) ►                     |
| •  |                           |                           |                            |   |
| (a) SUBTOTAL of Itemized Independent E   | xpenditures               |                           | · •                        | 98.80   |
| (b) SUBTOTAL of Unitemized Independent   | t Expenditures            |                           | · •                        | 7 1 1 7 1 1 7 1   |
| (c) TOTAL Independent Expenditures   |                           |                           | <b>•</b>                   | 7 1 7 1 7   |
| Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit | y candidate or authorized |                           |                            |   |
| Ms. Emily Buchanan   | [Electroni                | <i>[cally Filed]</i> Date |                            | 27 2014   |
| Signature  |                           |                           |                            |   |

|  | FOR SE OF FORM 24/48   |       |
|--|--|-------|
| NAME OF COMMITTEE (In Full)                          | FEC IDENTIFICATION NUMBER T  | ,     |
| Women Speak Out PAC                                  | C C00530766  | ]     |
| Check if 24-hour report X 48-hour report             | New report Amends report filed on Amends report filed on   | ]     |
| Full Name of Payee                                   | Date of Public Distribution/Dissemination  |       |
| Aaron L Griffin                                      | 09 / 25 / 2014   | 1     |
| Mailing Address 4830 Westin Park Drive               | Amount   |       |
| City State   | e Zip Code 25.00   | ٦     |
| Conway AR  |  |       |
| Purpose of Expenditure<br>Salary                     | Category/<br>Type 001 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  | ]     |
| Name of Federal Candidate                            | Support Office Sought: House District: 00  | _     |
| Mr. Mark L Pryor                                     | Oppose President Senate State: AR  | _     |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2014 Other (appeils)   | I     |
| 5 H N ( )  | Other (specify) ▶  | _     |
| Full Name of Payee Aaron L Griffin                   | Date of Public Distribution/Dissemination  | 7     |
| Mailing Address 4830 Westin Park Drive               | 09 25 2014<br>Amount   | _     |
| City State   | e Zip Code 3.30  | ٦     |
| Conway AR  |  | _     |
| Purpose of Expenditure<br>Mileage                    | Category/ Type 002 09 / 25 / 2014  | ]     |
| Name of Federal Candidate                            | Support Office Sought: House District: 00  |       |
| Mr. Mark L Pryor                                     | Oppose President Senate State: AR  | _     |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary X General 2014 Other (specify) ▶   | d<br> |
| (a) SUBTOTAL of Itemized Independent Expenditures    | 28.30  | ]     |
| (b) SUBTOTAL of Unitemized Independent Expenditures  |  |       |
| (c) TOTAL Independent Expenditures                   | <b>&gt;</b>  | ]     |
|  | penditures reported herein were not made in cooperation, consultation, or concert<br>authorized committee or agent of either, or (if the reporting entity is not a political |       |
| Ms. Emily Buchanan                                   | [Electronically Filed] Date 09 27 2014   |       |
| Signature  | 340 34 24 24 24 24 24 24 24 24 24 24 24 24 24  |       |

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| Schedule E)   | NI EXI END         | TOTILO                |                                 | PAGE 21 OF 97<br>FOR SE OF FORM 24/48 |
|---|--------------------|-----------------------|---------------------------------|---------------------------------------|
| NAME OF COMMITTEE (In Full)   |                    |                       | FEC I                           | DENTIFICATION NUMBER ▼                |
| Women Speak Out PAC   |                    |                       | C                               | C00530766                             |
| Check if 24-hour report X 48-hour report  | New rep            | ort Amends repo       | rt filed on                     | / D = D / Y = Y = Y                   |
| Full Name of Payee Tymber D Crawley   |                    |                       | Date of Publ                    | ic Distribution/Dissemination         |
| Mailing Address 6 Sherwood Dr   |                    |                       | 09<br>Amount                    | 25 2014                               |
|   |                    |                       | Amount                          |                                       |
| City<br>Conway  | State<br>AR        | Zip Code<br>72034     |                                 | 25.00<br>ID: 39216bf9-e1d9-472b-9     |
| Purpose of Expenditure<br>Salary  |                    | Category/<br>Type 001 | Date of Disb                    | oursement or Obligation  25 2014      |
|   |                    | Туре                  |                                 |                                       |
| Name of Federal Candidate  Ms. Kay Hagan  |                    | Support  Oppose       | Office Sought:                  | House District: 00                    |
| Calendar Year-To-Date   |                    |                       | Disbursement For:               | Senate State: NC  Primary General     |
| Per Election for Office Sought  | -                  | 330480.58             | 2014 Other (s                   | pecify) ►                             |
| Full Name of Payee  Tymber D Crawley  |                    |                       | Date of Pub                     | lic Distribution/Dissemination        |
| Mailing Address 6 Sherwood Dr   |                    |                       | 09                              | 25 2014                               |
|   |                    |                       | Amount                          |                                       |
| City  | State<br>AR        | Zip Code<br>72034     | Transaction                     | 3.30<br>ID : 54b3907e-24d3-40ad-8     |
| Conway  Purpose of Expenditure  | AIX                | 1                     |                                 | pursement or Obligation               |
| Mileage   |                    | Category/<br>Type 002 | 09                              | 25 2014                               |
| Name of Federal Candidate  Ms. Kay Hagan  |                    | Support               | Office Sought:                  | House District: 00                    |
| ivis. Nay Hagaii  |                    | Oppose                | President                       | Senate State: NC                      |
| Calendar Year-To-Date Per Election for Office Sought  | 7 1 1 7            | 330480.58             | Disbursement For: 2014 Other (s | Primary ⊠ General                     |
|   |                    |                       |                                 |                                       |
| (a) SUBTOTAL of Itemized Independent Expenditu  | ires               |                       | <b>&gt;</b>                     | 28.30                                 |
| (b) SUBTOTAL of Unitemized Independent Expendent  | ditures            |                       | <b>•</b>                        |                                       |
| (c) TOTAL Independent Expenditures  |                    |                       | <b>•</b>                        | 72 1 75                               |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it | date or authorized |                       |                                 |                                       |
| Ms. Emily Buchanan Signature  | [Electron          | ically Filed] Date    | 09 / 27                         | 2014                                  |
| olynature   |                    |                       |                                 |                                       |

|    | meduic Ly   | FOR SE OF FORM 24/48   |
|----|---|--|
|    | ME OF COMMITTEE (In Full)   | FEC IDENTIFICATION NUMBER ▼  |
| V  | Vomen Speak Out PAC   | C C00530766  |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed   | i on Mam / Dad / Yayayay   |
|    | Full Name of Payee  | Date of Public Distribution/Dissemination                                |
|    | Adena V Smith   | 09 25 2014   |
|    | Mailing Address 450 Judson Dr   | Amount   |
|    | City State Zip Code   | 40.00  |
|    | Wake Forest NC 27587  | Transaction ID : a38d6330-8f28-4cde-b Date of Disbursement or Obligation |
|    | Purpose of Expenditure Salary  Category/ Type  001  | 09 25 / Y Y Y Y Y Y  |
|    | Name of Federal Candidate Support Offic   | e Sought: House District: 00   |
|    | Ms. Kay Hagan Oppose  | President Senate State: NC   |
|    | Calendar Year-To-Date Per Election for Office Sought  Disb 2014   |  |
|    |   | U Other (specify) ►  |
|    | Full Name of Payee Adena V Smith  | Date of Public Distribution/Dissemination                                |
|    | Mailing Address 450 Judson Dr   | 09 25 2014<br>Amount   |
|    | City State Zip Code   | 3.90   |
|    | Wake Forest NC 27587  | Transaction ID : 3792f149-685d-4ab1-a Date of Disbursement or Obligation |
|    | Purpose of Expenditure Mileage  Category/ Type  002   | 09 25 / 2014   |
|    | Name of Federal Candidate Support Office  | e Sought: House District: 00   |
|    | Ms. Kay Hagan Oppose  | President State: NC  |
|    | Calendar Year-To-Date Per Election for Office Sought  Disb 2014   | ursement For:  Primary   |
|    | (a) SUBTOTAL of Itemized Independent Expenditures   | 43.90  |
|    | (b) SUBTOTAL of Unitemized Independent Expenditures   |  |
|    | (c) TOTAL Independent Expenditures  |  |
|    | Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. |  |
|    | (77)  | 09 27 2014   |
|    | Signature   | للثنيا ليا ل   |
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OF

| Schedule E)  | DEIVI EXI EIVD         | HOHLO                 | PAGE 23 OF 97<br>FOR SE OF FORM 24/48  |
|--|------------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                        |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                        |                       | C C00530766  |
| Check if 24-hour report X 48-hour repor              | t New rep              | oort Amends repo      | rt filed on  |
| Full Name of Payee                                   |                        |                       | Date of Public Distribution/Dissemination  |
| Malinda Ledford                                      |                        |                       | 09   |
| Mailing Address 44 Bell Street Ext                   |                        |                       | Amount   |
| City   | State                  | Zip Code              | 70.00  |
| Spruce Pine  | NC                     | 28777                 | Transaction ID: e6dcd8aa-e296-4385-8 Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Salary                     |                        | Category/<br>Type 001 | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Name of Federal Candidate                            |                        | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                        | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                        | 330480.58             | Disbursement For:  |
| Full Name of Payee                                   |                        |                       | Date of Public Distribution/Dissemination  |
| Malinda Ledford                                      |                        |                       | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Mailing Address 44 Bell Street Ext                   |                        |                       | Amount   |
| City   | State                  | Zip Code              | 29.10  |
| Spruce Pine  | NC                     | 28777                 | Transaction ID : f4adcba5-0421-4062-9 Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Mileage                    |                        | Category/<br>Type 002 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                        | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                        | Oppose                | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                        | 330480.58             | Disbursement For:  Primary  General  General  Other (specify) ▶  |
| (a) SUBTOTAL of Itemized Independent Expe            | nditures               |                       | 99.10  |
|  |                        |                       | 7 7  |
| (b) SUBTOTAL of Unitemized Independent Ex            | penditures             |                       | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures                   |                        |                       | ·  |
|  | andidate or authorized |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron              | nically Filed] Date   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| -  |                        |                       |  |

| Schedule E)  | LIVI EXI LIVE       | TI OTILO              | PAGE 24 OF 97<br>FOR SE OF FORM 24/48  |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                     |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                     |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | New rep             | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                     |                       | Date of Public Distribution/Dissemination  |
| Chad E Day   |                     |                       | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 168 Emerald Hill                     |                     |                       | Amount   |
| City   | State               | Zip Code              | 65.00  |
| Forest City  | NC                  | 28043                 | Transaction ID : c3f14817-34c9-444d-b Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Salary                     |                     | Category/<br>Type 001 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                     | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                     | Oppose                | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                     | 330480.58             | Disbursement For:  Primary  General  2014  Other (specify) ▶   |
| Full Name of Payee                                   |                     |                       | Date of Public Distribution/Dissemination  |
| Chad E Day   |                     |                       | 09 / 25 / 2014   |
| Mailing Address 168 Emerald Hill                     |                     |                       | Amount   |
| City   | State               | Zip Code              | 39.15  |
| Forest City  | NC                  | 28043                 | Transaction ID : 0f3b28be-fe60-4f51-9 Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Mileage                    |                     | Category/<br>Type 002 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                     | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                     | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                     | 330480.58             | Disbursement For:  Primary   |
| (a) SUBTOTAL of Itemized Independent Expend          | itures              |                       | 104.15   |
|  |                     |                       | 7 7 7  |
| (b) SUBTOTAL of Unitemized Independent Expe          | nditures            |                       | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures                   |                     |                       | ·  |
|  | didate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron           | nically Filed] Date   | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| - 3  |                     |                       |  |

| Schedule E)  | LIVI EXI END        | TIONES                | PAGE 25 OF 97<br>FOR SE OF FORM 24/48  |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                     |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                     |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | New rep             | port Amends repo      | rt filed on  |
| Full Name of Payee Misty A Ledford                   |                     |                       | Date of Public Distribution/Dissemination  |
| Mailing Address 44 Bell St                           |                     |                       | 09 25 2014   |
|  |                     |                       | Amount   |
| City   | State               | Zip Code              | 70.00  |
| Spruce Pine  | NC                  | 28777                 | Transaction ID: 65b620fd-e891-43da-b  Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Salary                     |                     | Category/<br>Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Name of Federal Candidate                            |                     | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                     | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                     | 330480.58             | Disbursement For: Primary  |
| Full Name of Payee                                   |                     |                       | Date of Public Distribution/Dissemination  |
| Misty A Ledford                                      |                     |                       | 09 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 44 Bell St                           |                     |                       | Amount   |
| City   | State               | Zip Code              | 29.10  |
| Spruce Pine  | NC                  | 28777                 | Transaction ID : 0cba78ff-38e5-43c1-9 Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Mileage                    |                     | Category/<br>Type 002 | 09 / 25 / Y 2014   |
| Name of Federal Candidate                            |                     | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                     | Oppose                | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought | .,,                 | 330480.58             | Disbursement For:  |
| (a) SUBTOTAL of Itemized Independent Expend          | itures              |                       | 99.10  |
| , ,  |                     |                       | 7 7  |
| (b) SUBTOTAL of Unitemized Independent Expe          | nditures            |                       |  |
| (c) TOTAL Independent Expenditures                   |                     |                       |  |
|  | didate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron           | nically Filed] Date   | 09 27 2014   |
| Signaturo  |                     |                       |  |

| Schedule E)   | INT EXI END        | HONES                 | <b>⊢</b>                          | PAGE 26 OF 97<br>FOR SE OF FORM 24/48           |
|---|--------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full)   |                    |                       | FEC IDI                           | ENTIFICATION NUMBER ▼                           |
| Women Speak Out PAC   |                    |                       | C                                 | 00530766  |
| Check if 24-hour report X 48-hour report  | New rep            | port Amends repo      | rt filed on                       | D = D / Y = Y = Y                               |
| Full Name of Payee  |                    |                       | Date of Public                    | Distribution/Dissemination                      |
| Sharon t Craig  |                    |                       | 09                                | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y        |
| Mailing Address 1410 Bushville Dr   |                    |                       | Amount                            |   |
| City  | State              | Zip Code              |                                   | 20.00   |
| Lenoir  | NC                 | 28645                 |                                   | 0: 677675aa-fecb-4e94-8<br>sement or Obligation |
| Purpose of Expenditure<br>Salary  |                    | Category/<br>Type 001 | 09                                | 25 / 2014                                       |
| Name of Federal Candidate   |                    | Support               | Office Sought:                    | House District: 00                              |
| Ms. Kay Hagan   |                    | X Oppose              | President X                       | Senate State: NC                                |
| Calendar Year-To-Date Per Election for Office Sought  |                    | 330480.58             | Disbursement For: 2014 Other (spe | Primary   |
| Full Name of Payee  |                    |                       | Date of Public                    | Distribution/Dissemination                      |
| Sharon t Craig  |                    |                       | 09                                | 25 / 2014                                       |
| Mailing Address 1410 Bushville Dr   |                    |                       | Amount                            |   |
| City  | State              | Zip Code              |                                   | 6.00  |
| Lenoir  | NC                 | 28645                 |                                   | : e7b24eaf-6af1-4ae0-b<br>sement or Obligation  |
| Purpose of Expenditure Mileage  |                    | Category/<br>Type 002 | 09                                | 25 / 2014                                       |
| Name of Federal Candidate   |                    | Support               | Office Sought:                    | House District:00                               |
| Ms. Kay Hagan   |                    | Oppose                | President >                       | Senate State: NC                                |
| Calendar Year-To-Date Per Election for Office Sought  | , ,                | 330480.58             | Disbursement For: 2014 Other (spe | Primary Seneral                                 |
| (a) SUBTOTAL of Itemized Independent Expendit   | ures               |                       |                                   | 26.00   |
|   |                    |                       | 7                                 | 7 7   |
| (b) SUBTOTAL of Unitemized Independent Expen  | ditures            |                       | <b>•</b>                          | 7   |
| (c) TOTAL Independent Expenditures  |                    |                       | •                                 | 7 7   |
| Under penalty of perjury I certify that the indeper<br>with, or at the request or suggestion of, any candi<br>party committee) any political party committee or i | date or authorized |                       |                                   |   |
| Ms. Emily Buchanan Signature  | [Electron          | nically Filed] Date   | 09 / 27                           | 2014  |
| - 3   |                    |                       |                                   |   |

| Schedule E)  | INI EXI END         | TIONES                | <u> </u>                           | PAGE 27 OF 97<br>FOR SE OF FORM 24/48          |
|--|---------------------|-----------------------|------------------------------------|--|
| NAME OF COMMITTEE (In Full)  |                     |                       | FEC IDE                            | NTIFICATION NUMBER ▼                           |
| Women Speak Out PAC  |                     |                       | Cc                                 | 00530766                                       |
| Check if 24-hour report X 48-hour report   | X New rep           | port Amends repo      | rt filed on                        | D = D / Y = Y = Y                              |
| Full Name of Payee   |                     |                       | Date of Public                     | Distribution/Dissemination                     |
| Royce W Martin   |                     |                       | 09 /                               | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |
| Mailing Address 317 Farris Rd Apt 1  |                     |                       | Amount                             |  |
| City   | State               | Zip Code              |                                    | 30.00  |
| Conway   | AR                  | 72034                 |                                    | : 6d575612-51dd-4426-a<br>sement or Obligation |
| Purpose of Expenditure<br>Salary   |                     | Category/<br>Type 001 | 09                                 | 25 / 2014                                      |
| Name of Federal Candidate  |                     | Support               | Office Sought:                     | House District: 00                             |
| Mr. Mark L Pryor   |                     | X Oppose              | President X                        | Senate State: AR                               |
| Calendar Year-To-Date Per Election for Office Sought   |                     | 106363.73             | Disbursement For: 2014 Other (spec | Primary  |
| Full Name of Payee   | •                   |                       | Date of Public                     | Distribution/Dissemination                     |
| Royce W Martin   |                     |                       | 09                                 | 25 / 2014                                      |
| Mailing Address 317 Farris Rd Apt 1  |                     |                       | Amount                             |  |
| City   | State               | Zip Code              |                                    | 4.50   |
| Conway   | AR                  | 72034                 |                                    | : 06c3c137-152b-47e6-8<br>sement or Obligation |
| Purpose of Expenditure<br>Mileage  |                     | Category/<br>Type 002 | 09                                 | 25 / 2014                                      |
| Name of Federal Candidate  |                     | Support               | Office Sought:                     | House District: 00                             |
| Mr. Mark L Pryor   |                     | Oppose                | President X                        | Senate State: AR                               |
| Calendar Year-To-Date Per Election for Office Sought   | 7 7                 | 106363.73             | Disbursement For: 2014 Other (spe  | Primary  |
| (a) SUBTOTAL of Itemized Independent Expendi   | tures               |                       |                                    | 34.50  |
| (a) SSE TO THE OF HOME EXPONDED  |                     |                       | 7                                  | 04.00  |
| (b) SUBTOTAL of Unitemized Independent Expen   | nditures            |                       | <b>•</b>                           | 4  |
| (c) TOTAL Independent Expenditures   |                     |                       | <b>)</b>                           | 7 7  |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or | didate or authorize |                       |                                    |  |
| Ms. Emily Buchanan Signature   | [Electron           | nically Filed] Date   | 09 27                              | 2014   |
| -  |                     |                       |                                    |  |

| Schedule E)  | PENT EXICIO           | HONES                 |                                       | AGE 28 OF 97<br>OR SE OF FORM 24/48                 |
|--|-----------------------|-----------------------|---------------------------------------|---|
| NAME OF COMMITTEE (In Full)  |                       |                       | FEC IDEN                              | NTIFICATION NUMBER ▼                                |
| Women Speak Out PAC  |                       |                       | C co                                  | 0530766   |
| Check if 24-hour report X 48-hour report   | New rep               | oort Amends repo      | rt filed on                           | D = D / Y = Y = Y                                   |
| Full Name of Payee   |                       |                       | Date of Public D                      | Distribution/Dissemination                          |
| Gregory Green  |                       |                       | 09                                    | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y            |
| Mailing Address 2506 Bolch Street  |                       |                       | Amount                                |   |
| City   | State                 | Zip Code              |                                       | 60.00   |
| Shreveport   | LA                    | 71104                 |                                       | e <b>72620aa-8f71-4282-8</b><br>ement or Obligation |
| Purpose of Expenditure<br>Salary   |                       | Category/<br>Type 001 | 09                                    | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y            |
| Name of Federal Candidate  |                       | Support               | Office Sought:                        | House District: 00                                  |
| Ms. Mary L Landrieu  |                       | X Oppose              | President X                           | Senate State: LA                                    |
| Calendar Year-To-Date Per Election for Office Sought   | .,,                   | 128218.85             | Disbursement For:  2014  Other (speci | Primary   |
| Full Name of Payee   |                       |                       | Date of Public D                      | Distribution/Dissemination                          |
| Gregory Green  |                       |                       | 09                                    | 25 / 2014   |
| Mailing Address 2506 Bolch Street  |                       |                       | Amount                                |   |
| City   | State                 | Zip Code              |                                       | 21.00   |
| Shreveport   | LA                    | 71104                 |                                       | de4cac6b-a545-4452-8<br>ement or Obligation         |
| Purpose of Expenditure Mileage   |                       | Category/<br>Type 002 | 09                                    | 25 / 2014   |
| Name of Federal Candidate  |                       | Support               | Office Sought:                        | House District: 00                                  |
| Ms. Mary L Landrieu  |                       | Oppose                | President X                           | Senate State: LA                                    |
| Calendar Year-To-Date Per Election for Office Sought   |                       | 128218.85             | Disbursement For: 2014 Other (spec    | Primary X General ify) ▶                            |
| (a) SUBTOTAL of Itemized Independent Exper   | ditures               |                       | •                                     | 81.00   |
|  |                       |                       |                                       | 1 1 1 1 1 1   |
| (b) SUBTOTAL of Unitermized Independent Exp  | enditures             |                       | <b>)</b>                              | 7   |
| (c) TOTAL Independent Expenditures   |                       |                       | <b>•</b>                              | 7   |
| Under penalty of perjury I certify that the indep<br>with, or at the request or suggestion of, any ca<br>party committee) any political party committee of | ndidate or authorized |                       |                                       |   |
| Ms. Emily Buchanan Signature   | [Electron             | nically Filed] Date   | 09 / 27                               | 2014  |
| •  |                       |                       |                                       |   |

| Sch  | edule E)  | 51101120              | <b>⊢</b>                          | PAGE 29 OF 97<br>FOR SE OF FORM 24/48                   |
|------|---|-----------------------|-----------------------------------|---|
|      | E OF COMMITTEE (In Full)  |                       |                                   | ENTIFICATION NUMBER ▼                                   |
| Wc   | omen Speak Out PAC  |                       | C                                 | 00530766  |
| Chec | k if 24-hour report X 48-hour report New r  | report Amends report  | rt filed on                       | D = D / Y = Y = Y                                       |
| TF   | Full Name of Payee  |                       | Date of Public                    | Distribution/Dissemination                              |
|      | Stuart T Haley  |                       | M M /                             | 25 / 2014   |
|      | Mailing Address 600 W Vine Ave  |                       | Amount                            |   |
|      | Dity State  | Zip Code              |                                   | 45.00   |
|      | Searcy AR   | 72143                 |                                   | 9 : <b>828b0600-7037-41db-8</b><br>sement or Obligation |
|      | Purpose of Expenditure<br>Salary  | Category/<br>Type 001 | M M /                             | 25 / 2014   |
| Ν    | Name of Federal Candidate   | Support               | Office Sought:                    | House District: 00                                      |
|      | Mr. Mark L Pryor  | X Oppose              | President X                       |   |
|      | Calendar Year-To-Date Per Election for Office Sought  | 106363.73             | Disbursement For: 2014 Other (spe | Primary   |
|      | Full Name of Payee  |                       | Date of Public                    | Distribution/Dissemination                              |
|      | Stuart T Haley  |                       | M M /                             | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                |
| 1    | Mailing Address 600 W Vine Ave  |                       |                                   | 2014  |
| Т    |   |                       | Amount                            |   |
|      | Dity State  | Zip Code              |                                   | 22.50   |
|      | Searcy AR   | 72143                 |                                   | : a717ff73-4a19-48bd-a<br>sement or Obligation          |
|      | Purpose of Expenditure<br>Mileage   | Category/<br>Type 002 | 09                                | 25 / 2014   |
| 1    | Name of Federal Candidate   | Support               | Office Sought:                    | House District: 00                                      |
|      | Mr. Mark L Pryor  | Oppose                | President X                       |   |
|      | Calendar Year-To-Date Per Election for Office Sought  | 106363.73             | Disbursement For: 2014 Other (spe | Primary   |
|      |   |                       |                                   |   |
| (a   | ) SUBTOTAL of Itemized Independent Expenditures   |                       | <b>•</b>                          | 67.50   |
| (b   | ) SUBTOTAL of Unitemized Independent Expenditures   |                       | <b>•</b>                          |   |
| (с   | ) TOTAL Independent Expenditures  |                       | <b>&gt;</b>                       |   |
| wi   | nder penalty of perjury I certify that the independent expenditur<br>th, or at the request or suggestion of, any candidate or authorizarty committee) any political party committee or its agent. |                       |                                   |   |
|      | Ms. Emily Buchanan [Electr  | ronically Filed] Date | 09 / 27                           | 2014  |
|      | Signature   |                       |                                   |   |

| Schedule E)  | NI EXI END         | ITOTILO               |                                   | PAGE 30 OF 97<br>FOR SE OF FORM 24/48                  |
|--|--------------------|-----------------------|-----------------------------------|--|
| NAME OF COMMITTEE (In Full)  |                    |                       | FEC ID                            | ENTIFICATION NUMBER ▼                                  |
| Women Speak Out PAC  |                    |                       | C                                 | C00530766  |
| Check if 24-hour report X 48-hour report   | New rep            | ort Amends repo       | rt filed on                       | D = D / Y = Y = Y                                      |
| Full Name of Payee Xavier Miller   |                    |                       | Date of Public                    | Distribution/Dissemination                             |
| Mailing Address 407 randall Dr   |                    |                       | 09<br>Amount                      | 25 2014  |
|  |                    |                       | 7                                 |  |
| City   | State<br>AR        | Zip Code<br>72143     | Transaction II                    | 45.00<br>D : 3ef674bf-e3f8-45e7-8                      |
| Searcy   | AK                 | 72143                 |                                   | rsement or Obligation                                  |
| Purpose of Expenditure<br>Salary   |                    | Category/<br>Type 001 | 09                                | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |
| Name of Federal Candidate  |                    | Support               | Office Sought:                    | House District: 00                                     |
| Mr. Mark L Pryor   |                    | Oppose                | President >                       | Senate State: AR                                       |
| Calendar Year-To-Date Per Election for Office Sought   |                    | 06363.73              | Disbursement For: 2014 Other (spe | Primary  |
| Full Name of Payee   |                    |                       | Date of Public                    | : Distribution/Dissemination                           |
| Lilly Green  |                    |                       | M M /                             | 25 2014  |
| Mailing Address 205 Medallion Circle   |                    |                       | Amount                            |  |
| City   | State              | Zip Code              |                                   | 80.00  |
| Shreveport   | LA                 | 71119                 |                                   | : <b>0562969f-c26d-49a6-9</b><br>rsement or Obligation |
| Purpose of Expenditure<br>Salary   |                    | Category/<br>Type 001 | 09                                | 25 / 2014  |
| Name of Federal Candidate  |                    | Support               | Office Sought:                    | House District: 00                                     |
| Ms. Mary L Landrieu  |                    | Oppose                | President >                       | Senate State: LA                                       |
| Calendar Year-To-Date Per Election for Office Sought   | 7                  | 128218.85             | Disbursement For: 2014 Other (spe | Primary  |
| (a) SUBTOTAL of Itemized Independent Expenditu   | ıres               |                       |                                   | 125.00   |
|  |                    |                       | -                                 | 7 7  |
| (b) SUBTOTAL of Unitemized Independent Expendent   | ditures            |                       | <b>•</b>                          | 4  |
| (c) TOTAL Independent Expenditures   |                    |                       | <b>•</b>                          | 7 1 2  |
| Under penalty of perjury I certify that the indepen-<br>with, or at the request or suggestion of, any candi-<br>party committee) any political party committee or it | date or authorized |                       |                                   |  |
| Ms. Emily Buchanan Signature   | [Electron          | ically Filed] Date    | 09 / 27                           | 2014   |
| Signature  |                    |                       |                                   |  |

| Schedule E)   | LINDITOTILO                   | PAGE 31 OF 97<br>FOR SE OF FORM 24/48                                    |
|---|-------------------------------|--|
| NAME OF COMMITTEE (In Full)   |                               | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC   |                               | C C00530766  |
| Check if 24-hour report X 48-hour report  | New report Amends report file | ed on Mam / Dab / Yayayay  |
| Full Name of Payee Lilly Green  |                               | Date of Public Distribution/Dissemination                                |
| Mailing Address 205 Medallion Circle  |                               | 09 25 2014<br>Amount   |
| City State  | Zip Code                      | 49.50  |
| Shreveport LA   | 71119                         | Transaction ID: a3e427ca-5478-49ca-8 Date of Disbursement or Obligation  |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type 002         | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| Name of Federal Candidate   | Support Offi                  | ice Sought: House District: 00   |
| Ms. Mary L Landrieu   | X Oppose                      | President Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought  | Dis<br>128218.85<br>201       | bursement For: Primary X General  Other (specify) ▶                      |
| Full Name of Payee<br>Francesca Blom  |                               | Date of Public Distribution/Dissemination                                |
| Mailing Address 101 Asbury Ct   |                               | 09 25 2014<br>Amount   |
| City State  | Zip Code                      | 80.00  |
| Winchester VA   | 22602                         | Transaction ID : 9880d28c-c85c-45bc-8 Date of Disbursement or Obligation |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001         | M 09 / 25 / Y 2014   |
| Name of Federal Candidate   | Support Off                   | ice Sought: House District: 00   |
| Ms. Mary L Landrieu   |                               | President Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought  | 128218.85 Dis 20              | sbursement For: Primary X General 14 Other (specify) ▶                   |
| (a) SUBTOTAL of Itemized Independent Expenditures   | <b>•</b>                      | 129.50   |
| (b) SUBTOTAL of Unitemized Independent Expenditures   | ·····                         |  |
| (c) TOTAL Independent Expenditures  | ······                        |  |
| Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent. |                               |  |
|   | [Electronically Filed] Date   | 09 27 2014   |
| Signature   |                               |  |

| Schedule E)  | HI EXI END         | ITOTIES               | F                                  | PAGE 32 OF 97<br>FOR SE OF FORM 24/48          |
|--|--------------------|-----------------------|------------------------------------|--|
| NAME OF COMMITTEE (In Full)  |                    |                       | FEC IDE                            | ENTIFICATION NUMBER ▼                          |
| Women Speak Out PAC  |                    |                       | C                                  | 00530766                                       |
| Check if 24-hour report X 48-hour report   | X New rep          | ort Amends repo       | rt filed on                        | D = D / Y = Y = Y                              |
| Full Name of Payee Pamela Hooper   |                    |                       | Date of Public                     | Distribution/Dissemination                     |
| Mailing Address 502 N Oak St   |                    |                       | 09                                 | 25 2014  |
|  |                    |                       | Amount                             |  |
| City   | State              | Zip Code              |                                    | 12.50  |
| Little Rock  | AR                 | 72205                 |                                    | : b059e178-2dc8-460f-b<br>sement or Obligation |
| Purpose of Expenditure<br>Salary   |                    | Category/<br>Type 001 | 09                                 | 25 / 2014                                      |
| Name of Federal Candidate  |                    | Support               | Office Sought:                     | House District: 00                             |
| Mr. Mark L Pryor   |                    | X Oppose              | President X                        | Senate State: AR                               |
| Calendar Year-To-Date Per Election for Office Sought   | 1                  | 06363.73              | Disbursement For: [2014 Other (spe | Primary  |
| Full Name of Payee   |                    |                       | Date of Public                     | Distribution/Dissemination                     |
| Pamela Hooper  |                    |                       | 09                                 | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |
| Mailing Address 502 N Oak St   |                    |                       | Amount                             |  |
| City   | State              | Zip Code              |                                    | 3.30   |
| Little Rock  | AR                 | 72205                 |                                    | : 47583b29-2be5-45c8-b<br>sement or Obligation |
| Purpose of Expenditure<br>Mileage  |                    | Category/<br>Type 002 | 09                                 | 25 / 2014                                      |
| Name of Federal Candidate  |                    | Support               | Office Sought:                     | House District: 00                             |
| Mr. Mark L Pryor   |                    | X Oppose              | President X                        | Senate State: AR                               |
| Calendar Year-To-Date Per Election for Office Sought   | 7 7                | 106363.73             | Disbursement For: 2014 Other (spe  | Primary  |
| (a) SUBTOTAL of Itemized Independent Expenditu   | ıres               |                       |                                    | 15.80  |
|  |                    |                       |                                    | 7 7  |
| (b) SUBTOTAL of Unitermized Independent Expendent  | ditures            |                       | <b>•</b>                           | 4  |
| (c) TOTAL Independent Expenditures   |                    |                       | <b>)</b>                           | 4  |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it | date or authorized |                       |                                    |  |
| Ms. Emily Buchanan Signature   | [Electron          | ically Filed] Date    | 09 / 27                            | 2014   |
| ्र <del>। । । । । । । । । । । । । । । । । । ।</del>  |                    |                       |                                    |  |

| Sche              | dule E)  | EXI END         | 101120                |                    | PAGE 33 OF 97<br>FOR SE OF FORM 24/48                              |
|-------------------|--|-----------------|-----------------------|--------------------|--|
|                   | OF COMMITTEE (In Full)   |                 |                       |                    | FEC IDENTIFICATION NUMBER ▼  |
| Wor               | nen Speak Out PAC  |                 |                       |                    | C C00530766  |
| Check             | if 24-hour report X 48-hour report   | New repo        | ort Amends rep        | ort filed on       | M = M / D = D / Y = Y = Y  |
| Ful<br><b>J</b> a | I Name of Payee<br>ames R Hooper   |                 |                       |                    | of Public Distribution/Dissemination                               |
| Ма                | iling Address 502 N Oak St   |                 |                       | Amor               | 09 25 2014<br>unt  |
| Cit               | V  | State           | Zip Code              |                    | 50.00  |
| - 1               | ttle Rock  | AR              | 72205                 |                    | saction ID : 4a15add0-ef1e-4095-a<br>of Disbursement or Obligation |
|                   | rpose of Expenditure<br>alary  |                 | Category/<br>Type 001 |                    | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| Na                | me of Federal Candidate  |                 | Support               | Office Soug        | ht: House District: 00   |
| Mı                | . Mark L Pryor   |                 | X Oppose              | Presid             |  |
|                   | Calendar Year-To-Date Per Election for Office Sought   |                 | 06363.73              | Disburseme 2014    | nt For:  |
| J:                | Il Name of Payee ames R Hooper  alling Address 502 N Oak St  |                 |                       | Date               | of Public Distribution/Dissemination                               |
| Cit               | у  | State           | Zip Code              |                    | 11.70  |
|                   | ttle Rock  | AR              | 72205                 | Trans Date         | action ID: 02b9b426-21dd-413a-8 of Disbursement or Obligation      |
|                   | rpose of Expenditure<br>ileage   |                 | Category/<br>Type 002 |                    | M 09 / 25 / Y 2014   |
| Na                | me of Federal Candidate  |                 | Support               | Office Soug        | ht: House District: 00   |
| Mı                | r. Mark L Pryor  |                 | Oppose                | Presid             | dent Senate State: AR  |
|                   | Calendar Year-To-Date Per Election for Office Sought   | , , ,           | 106363.73             | Disburseme<br>2014 | ont For: Primary X General  Other (specify) ▶                      |
| (a)               | SUBTOTAL of Itemized Independent Expenditures  | 3               |                       |                    | 61.70  |
| (b)               | SUBTOTAL of Unitemized Independent Expenditu   | res             |                       | ·· •               |  |
| (c)               | TOTAL Independent Expenditures   |                 |                       |                    | 7 1 7 1 2  |
| with              | er penalty of perjury I certify that the independer, or at the request or suggestion of, any candidate y committee) any political party committee or its a | e or authorized |                       |                    |  |
| _                 | Ms. Emily Buchanan   | [Electroni      | ically Filed] Date    | e 09               | 27 2014  |
| 5                 | Signature  |                 |                       |                    |  |

| Sched        | ule E)  | I EXI EIID       | 101120                |                         | PAGE 34 OF 97<br>FOR SE OF FORM 24/48                          |
|--------------|---|------------------|-----------------------|-------------------------|--|
|              | F COMMITTEE (In Full)   |                  |                       |                         | FEC IDENTIFICATION NUMBER ▼                                    |
| Wom          | en Speak Out PAC  |                  |                       |                         | C C00530766  |
| Check if     | 24-hour report X 48-hour report   | New repo         | ort Amends repo       | rt filed on             | = M / D = D / Y = Y = Y  |
|              |   | <u> </u>         | , whende repe         |                         |  |
| Full I       | Name of Payee<br>byd W Ferren   |                  |                       | М                       | of Public Distribution/Dissemination  09 25 2014               |
| Maili        | ng Address 909 Holmes Rd Apt 143  |                  |                       | Amour                   | nt   |
| City         |   | State            | Zip Code              |                         | 40.00  |
| Sea          | rcy   | AR               | 72143                 |                         | action ID : 6a055b01-476b-4d1c-9 of Disbursement or Obligation |
| Purp<br>Sala | ose of Expenditure<br>ary   |                  | Category/<br>Type 001 | M                       | 09 25 / 2014   |
| Nam          | e of Federal Candidate  |                  | Support               | Office Sought           | t: House District: 00  |
| Mr. I        | Mark L Pryor  |                  | X Oppose              | Preside                 |  |
|              | Calendar Year-To-Date Per Election for Office Sought  | . 1              | 06363.73              | Disbursement<br>2014 Ot | t For:   |
|              | Name of Payee   |                  |                       | Date of                 | of Public Distribution/Dissemination                           |
| Za           | chary Vidrine   |                  |                       | M                       | 09 25 2014   |
| Maili        | ng Address 202 Rue Des Cajun  |                  |                       |                         | 00 20 2011   |
|              | ,   |                  |                       | Amoui                   | nt   |
| City         |   | State            | Zip Code              |                         | 25.00  |
|              | e Platte  | LA               | 70586                 | Transa<br>Date o        | ction ID : b63e0f74-d0c9-452c-8 of Disbursement or Obligation  |
| Purp<br>Sala | ose of Expenditure<br>ary   |                  | Category/<br>Type 001 | M                       | 09 / 25 / Y Y Y Y Y  |
| Nam          | e of Federal Candidate  |                  | Support               | Office Sough            | t: House District: 00  |
| Ms.          | Mary L Landrieu   |                  | X Oppose              | Preside                 |  |
|              | Calendar Year-To-Date Per Election for Office Sought  | 7 7              | 128218.85             | Disbursement 2014 O     | t For:   |
|              |   |                  |                       |                         |  |
| (a) S        | UBTOTAL of Itemized Independent Expenditure   | s                |                       | <b>•</b>                | 65.00  |
| (b) S        | UBTOTAL of Unitemized Independent Expendit  | ures             |                       | · • [                   | 7 1 7 1 7  |
| (c) T(       | OTAL Independent Expenditures   |                  |                       | •                       | 7  |
| with, o      | penalty of perjury I certify that the independe<br>or at the request or suggestion of, any candida<br>committee) any political party committee or its | te or authorized |                       |                         |  |
|              | Ms. Emily Buchanan  | [Electroni       | ically Filed] Date    | M = M /                 | 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| Sig          | gnature   |                  |                       |                         |  |

| Schedule E)   | ERT EXILITIE          | II OILEO              |                                  | PAGE 35 OF 97<br>FOR SE OF FORM 24/48                       |
|---|-----------------------|-----------------------|----------------------------------|---|
| NAME OF COMMITTEE (In Full)   |                       |                       | FEC II                           | DENTIFICATION NUMBER ▼                                      |
| Women Speak Out PAC   |                       |                       | C                                | C00530766   |
| Check if 24-hour report X 48-hour report  | New rep               | port Amends repo      | rt filed on                      | / D = D / Y = Y = Y   |
| Full Name of Payee Zachary Vidrine  |                       |                       | Date of Publi                    | c Distribution/Dissemination                                |
| Mailing Address 202 Rue Des Cajun   |                       |                       | Amount                           | 25 2014   |
|   |                       |                       |                                  | 11.10   |
| City Ville Platte   | State<br>LA           | Zip Code<br>70586     |                                  | 11.10<br>ID: 4f17a4d9-7a56-4b8b-8<br>ursement or Obligation |
| Purpose of Expenditure<br>Mileage   |                       | Category/<br>Type 002 | Date of Display                  | 25 / Y 2014   |
| Name of Federal Candidate   |                       | Support               | Office Sought:                   | House District: 00  |
| Ms. Mary L Landrieu   |                       | X Oppose              |                                  | Senate State: LA  |
| Calendar Year-To-Date Per Election for Office Sought  |                       | 128218.85             | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶                                 |
| Full Name of Payee Gary W Fuhrmann  Mailing Address 9425 Jessica Drive  |                       |                       | Date of Publi                    | ic Distribution/Dissemination                               |
| City  | State                 | Zip Code              |                                  | 32.50   |
| Shreveport  | LA                    | 71106                 | Transaction II Date of Disb      | D: 02479f29-f60f-45f4-b<br>ursement or Obligation           |
| Purpose of Expenditure<br>Salary  |                       | Category/<br>Type 001 | 09                               | 25 2014   |
| Name of Federal Candidate   |                       | Support               | Office Sought:                   | House District:00   |
| Ms. Mary L Landrieu   |                       | Oppose                | President                        | Senate State: LA  |
| Calendar Year-To-Date Per Election for Office Sought  |                       | 128218.85             | Disbursement For: 2014 Other (s  | Primary X General   |
| (a) SUBTOTAL of Itemized Independent Expen  | ditures               |                       | •                                | 43.60   |
| (b) SUBTOTAL of Unitemized Independent Exp  | enditures             |                       | <b>•</b>                         |   |
| (c) TOTAL Independent Expenditures  |                       |                       | <b>•</b>                         |   |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or | ndidate or authorized |                       |                                  |   |
| Ms. Emily Buchanan  | [Electron             | nically Filed] Date   | M M / D D D D 27                 | 2014  |
| Signature   |                       |                       |                                  |   |

| Schedule E)   | ADEITI EXI END          | TOTILO                | PAGE 36 OF 97<br>FOR SE OF FORM 24/48  |
|---|-------------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                             |                         |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                     |                         |                       | C C00530766  |
| Check if 24-hour report X 48-hour rep                   | ort New rep             | ort Amends repo       | rt filed on  |
| Full Name of Payee                                      |                         |                       | Date of Public Distribution/Dissemination  |
| Gary W Fuhrmann   |                         |                       | 09   |
| Mailing Address 9425 Jessica Drive                      |                         |                       | Amount   |
| City  | State                   | Zip Code              | 7.20   |
| Shreveport  | LA                      | 71106                 | Transaction ID: bf17d8fb-cadf-4494-a Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Mileage                       |                         | Category/<br>Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Name of Federal Candidate                               |                         | Support               | Office Sought: House District: 00  |
| Ms. Mary L Landrieu                                     |                         | X Oppose              | President Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought    | 1                       | 28218.85              | Disbursement For: Primary  |
| Full Name of Payee                                      |                         |                       | Date of Public Distribution/Dissemination  |
| Tammay Williams   |                         |                       | 09 / 25 / 2014   |
| Mailing Address 924 N. Prieur St                        |                         |                       | Amount   |
| City  | State                   | Zip Code              | 80.00  |
| New Orleans   | LA                      | 70116                 | Transaction ID : d1d9e852-2f6e-4fd5-9 Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Salary                        |                         | Category/<br>Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Name of Federal Candidate                               |                         | Support               | Office Sought: House District: 00  |
| Ms. Mary L Landrieu                                     |                         | Oppose                | President Senate State: LA   |
| Calendar Year-To-Date<br>Per Election for Office Sought |                         | 128218.85             | Disbursement For:  Primary  Genera 2014  Genera Other (specify) ▶  |
| (a) SUBTOTAL of Itemized Independent Exp                | penditures              |                       | 87.20  |
| ,   |                         |                       | 7 7 7  |
| (b) SUBTOTAL of Unitemized Independent                  | Expenditures            |                       | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures                      |                         |                       | ·  |
|   | candidate or authorized |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                            | [Electron               | ically Filed] Date    | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| -   |                         |                       |  |

| Schedule E)  | 51125                  | PAGE 37 OF 97<br>FOR SE OF FORM 24/48                                    |
|--|------------------------|--|
| NAME OF COMMITTEE (In Full)  |                        | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC  |                        | C C00530766  |
| Check if 24-hour report X 48-hour report New report  | Amends report filed o  | n M = M / D = D / Y = Y = Y  |
| Full Name of Payee   |                        | Date of Public Distribution/Dissemination                                |
| Tammay Williams  |                        | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Mailing Address 924 N. Prieur St   |                        | Amount   |
| City State Zi  | p Code                 | 9.00   |
|  | 0116                   | Transaction ID : cf08f66b-e29f-432d-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage   | Category/<br>Type 002  | 09 25 7 2014   |
| Name of Federal Candidate  | Support Office S       | Sought: House District: 00   |
| Ms. Mary L Landrieu  |                        | President Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought   | 218.85 Disburs 2014    | ement For: Primary General  Other (specify) ▶                            |
| Full Name of Payee   |                        | Date of Public Distribution/Dissemination                                |
| Logan B Piper  |                        | 09 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| Mailing Address 3205 Pebble Beach Rd   |                        | Amount   |
|  |                        | Amount   |
|  | p Code                 | 42.00  |
|  | <b>T</b> 2034 <b>T</b> | ransaction ID: 98759e62-064b-4583-9 Date of Disbursement or Obligation   |
| Purpose of Expenditure<br>Salary   | Category/<br>Type 001  | 09 / 25 / Y 2014   |
| Name of Federal Candidate  | Support Office S       | Sought: House District:00  |
| Mr. Mark L Pryor   | Oppose F               | President State: AR State:   |
| Calendar Year-To-Date Per Election for Office Sought   | 106363.73 Disburs 2014 | sement For: Primary X General  Other (specify) ▶                         |
|  |                        |  |
| (a) SUBTOTAL of Itemized Independent Expenditures  | ······                 | 51.00  |
| (b) SUBTOTAL of Unitemized Independent Expenditures  |                        |  |
| (c) TOTAL Independent Expenditures   | ······                 |  |
| Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent. |                        |  |
| Ms. Emily Buchanan [Electronical   | lly Filed] Date 09     | 7 27 2014  |
| Signature  | Buto                   |  |

| Schedule E)  | ENT EXILID           | TIONES                | PAGE 38 OF 97<br>FOR SE OF FORM 24/48  |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                      |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                      |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | New rep              | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Logan B Piper  |                      |                       | 09 25 / 2014   |
| Mailing Address 3205 Pebble Beach Rd                 |                      |                       | Amount   |
| City   | State                | Zip Code              | 3.18   |
| Conway   | AR                   | 72034                 | Transaction ID: 882af7f8-9f18-484c-b Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Mileage                    |                      | Category/<br>Type 002 | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District:00   |
| Mr. Mark L Pryor                                     |                      | Oppose                | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought | .,,                  | 106363.73             | Disbursement For:  |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Kelly Dolan  |                      |                       | 09 25 7 2014   |
| Mailing Address 543 S 2nd St                         |                      |                       | Amount   |
| City   | State                | Zip Code              | 60.00  |
| Bellaire   | NC                   | 77401                 | Transaction ID: e0af4005-78f5-4225-a Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Salary                     |                      | Category/<br>Type 001 | 09 / 25 / Y 2014   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Ms. Mary L Landrieu                                  |                      | X Oppose              | President Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought |                      | 128218.85             | Disbursement For:  Primary  General 2014  General  Other (specify) ▶                                       |
| (a) SUBTOTAL of Itemized Independent Expendent       | litures              |                       | 63.18  |
|  |                      |                       |  |
| (b) SUBTOTAL of Unitermized Independent Expo         | enditures            |                       | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures                   |                      |                       | <b>•</b>   |
|  | didate or authorized |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron            | nically Filed] Date   | 09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| •  |                      |                       |  |

| Schedule E)   | 31101120                | PAGE 39 OF 97<br>FOR SE OF FORM 24/48                                   |
|---|-------------------------|---|
| NAME OF COMMITTEE (In Full)   |                         | FEC IDENTIFICATION NUMBER ▼   |
| Women Speak Out PAC   |                         | C C00530766   |
| Check if 24-hour report X 48-hour report New re   | port Amends report file | ed on M=M / D=D / Y=Y=Y   |
| Full Name of Payee  |                         | Date of Public Distribution/Dissemination                               |
| Kelly Dolan   |                         | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Mailing Address 543 S 2nd St  |                         | Amount  |
| City State  | Zip Code                | 9.00  |
| Bellaire NC   | 77401                   | Transaction ID: 2028cfe6-71b6-4f52-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage  | Category/<br>Type 002   | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Name of Federal Candidate   | Support Off             | fice Sought: House District: 00   |
| Ms. Mary L Landrieu   | X Oppose                | President Senate State: LA  |
| Calendar Year-To-Date Per Election for Office Sought  | 128218.85 Dis           | sbursement For: Primary X General  Other (specify) ▶                    |
| Full Name of Payee  Kevin L Battle  |                         | Date of Public Distribution/Dissemination                               |
|   |                         | 09 25 2014  |
| Mailing Address 3300 Asher Ave  |                         | Amount  |
| City State  | Zip Code                | 70.00   |
| Little Rock AR  | 72204                   | Transaction ID: 33eb3257-ead9-4f73-8 Date of Disbursement or Obligation |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001   | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Name of Federal Candidate   | Support Off             | fice Sought: House District: 00   |
| Mr. Mark L Pryor  | Oppose                  | President Senate State: AR  |
| Calendar Year-To-Date Per Election for Office Sought  |                         | sbursement For:  Primary  |
| (a) SUBTOTAL of Itemized Independent Expenditures   | ·····                   | 79.00   |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |                         |   |
|   |                         | 7 7 7   |
| (c) TOTAL Independent Expenditures  | <b>&gt;</b>             |   |
| Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent. |                         |   |
| Ms. Emily Buchanan [Electro   | onically Filed] Date    | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Signature   |                         |   |

|   |  | FOR SE OF FORM 24/48   |
|---|--|--|
| NAME OF COMMITTEE (In Full)   |  | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC   |  | C C00530766  |
| Check if 24-hour report X 48-hour report  | New report Amends report filed or              | 1 M = M / D = D / Y = Y = Y  |
| Full Name of Payee Kevin L Battle   |  | Date of Public Distribution/Dissemination  |
|   |  | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 3300 Asher Ave  | A  | Amount   |
| City  | tate Zip Code                                  | 21.90  |
|   |  | Fransaction ID: 4ceced14-fc5a-444e-9 Date of Disbursement or Obligation                  |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type 002                          | 09 / 25 / 2014   |
| Name of Federal Candidate   | Support Office S                               | Sought: House District: 00   |
| Mr. Mark L Pryor  | Oppose P                                       | resident State: AR State:  |
| Calendar Year-To-Date Per Election for Office Sought  | 106363.73 Disburse 2014                        | ement For: Primary X General  Other (specify) ▶  |
| Full Name of Payee Ralph Smith  |  | Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2090 Fancy Gap Rd   | 4  | Amount   |
| City  | itate Zip Code                                 | 80.00  |
| ,   |  | ransaction ID : 7e2eb22e-09a7-4fcc-8 Date of Disbursement or Obligation                  |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001                          | 09 / 25 / Y Y Y Y  |
| Name of Federal Candidate   | Support Office S                               | Sought: House District: 00   |
| Ms. Kay Hagan   | Oppose P                                       | President State: NC  |
| Calendar Year-To-Date Per Election for Office Sought  | 330480.58 Disburse 2014                        | ement For:   |
| (a) SUBTOTAL of Itemized Independent Expenditures   | · · · · · · · · · · · · · · · · · · ·          | 101.90   |
| (b) SUBTOTAL of Unitemized Independent Expenditure  | s  | 7 7  |
| (c) TOTAL Independent Expenditures  | ······································         |  |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized committee or agent of either, or |  |
| Ms. Emily Buchanan Signature  | [Electronically Filed] Date 09                 | 27 2014  |
| Gigilatule  |  |  |

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OF

| Schedule E)  | 511 51125              | PAGE 41 OF 97<br>FOR SE OF FORM 24/48  |
|--|------------------------|--|
| NAME OF COMMITTEE (In Full)  |                        | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC  |                        | C C00530766  |
| Check if 24-hour report X 48-hour report New re  | eport Amends report fi | iled on  |
|  |                        |  |
| Full Name of Payee Ralph Smith   |                        | Date of Public Distribution/Dissemination  M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2090 Fancy Gap Rd  |                        | Amount   |
| City State   | Zip Code               | 14.16  |
| Mt. Airy NC  | 27030                  | Transaction ID: 4003a7e9-7a29-47e3-a Date of Disbursement or Obligation                  |
| Purpose of Expenditure<br>Mileage  | Category/<br>Type 002  | 09 25 / 2014   |
| Name of Federal Candidate  | Support Of             | ffice Sought: House District: 00   |
| Ms. Kay Hagan  | Oppose [               | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought   |                        | isbursement For:   |
| Full Name of Payee   |                        | Date of Public Distribution/Dissemination  |
| Brandon Wheeler  |                        | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 10112 Piney Creek Ct   |                        |  |
|  |                        | Amount   |
| City State   | Zip Code               | 40.00  |
| Charolette NC  | 28215                  | Transaction ID : 3c6aba21-5f5c-4e79-9 Date of Disbursement or Obligation                 |
| Purpose of Expenditure<br>Salary   | Category/<br>Type 001  | 09 / 25 / Y Y Y Y Y  |
| Name of Federal Candidate  | Support O              | ffice Sought: House District: 00   |
| Mr. Mark L Pryor   | X Oppose               | President X Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought   |                        | isbursement For:   |
|  |                        |  |
| (a) SUBTOTAL of Itemized Independent Expenditures  |                        | 54.16  |
| (b) SUBTOTAL of Unitemized Independent Expenditures  |                        |  |
| (c) TOTAL Independent Expenditures   | ······                 |  |
| Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent. |                        |  |
| Ms. Emily Buchanan [Electro  | onically Filed] Date   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Signature  |                        |  |

| Schedule E)  | INT EXI END         | TIONES                | _                                    | AGE 42 OF 97<br>OR SE OF FORM 24/48                  |
|--|---------------------|-----------------------|--------------------------------------|--|
| NAME OF COMMITTEE (In Full)  |                     |                       | FEC IDE                              | NTIFICATION NUMBER ▼                                 |
| Women Speak Out PAC  |                     |                       | C co                                 | 00530766   |
| Check if 24-hour report X 48-hour report   | New rep             | port Amends repo      | rt filed on                          | D = D / Y = Y = Y                                    |
| Full Name of Payee   |                     |                       | Date of Public D                     | Distribution/Dissemination                           |
| Brandon Wheeler  |                     |                       | 09                                   | 25 / 2014  |
| Mailing Address 10112 Piney Creek Ct   |                     |                       | Amount                               |  |
| City   | State               | Zip Code              |                                      | 25.50  |
| Charolette   | NC                  | 28215                 |                                      | : <b>7f663c5c-64ce-475c-a</b><br>ement or Obligation |
| Purpose of Expenditure<br>Mileage  |                     | Category/<br>Type 002 | 09                                   | 25 / 2014  |
| Name of Federal Candidate  |                     | Support               | Office Sought:                       | House District: 00                                   |
| Mr. Mark L Pryor   |                     | X Oppose              | President X                          | Senate State: AR                                     |
| Calendar Year-To-Date Per Election for Office Sought   |                     | 106363.73             | Disbursement For:  2014  Other (spec | Primary  |
| Full Name of Payee   | ·                   |                       | Date of Public D                     | Distribution/Dissemination                           |
| Linda J Fueling  |                     |                       | 09                                   | 25 / 2014  |
| Mailing Address 6424 Purple Martin Ct  |                     |                       | Amount                               |  |
| City   | State               | Zip Code              |                                      | 20.00  |
| Wilmington   | NC                  | 28411                 |                                      | 1830bb47-33ff-46fb-8<br>ement or Obligation          |
| Purpose of Expenditure<br>Salary   |                     | Category/<br>Type 001 | 09                                   | 25 / 2014  |
| Name of Federal Candidate  |                     | Support               | Office Sought:                       | House District: 00                                   |
| Ms. Kay Hagan  |                     | Oppose                | President X                          | Senate State: NC                                     |
| Calendar Year-To-Date Per Election for Office Sought   | , , ,               | 330480.58             | Disbursement For: 2014 Other (spec   | Primary X General                                    |
| (a) SUBTOTAL of Itemized Independent Expendit  | ures                |                       |                                      | 45.50  |
| , , ,  |                     |                       | 7                                    | 7  |
| (b) SUBTOTAL of Unitemized Independent Exper   | ditures             |                       | <b>&gt;</b>                          | 7  |
| (c) TOTAL Independent Expenditures   |                     |                       | <b>•</b>                             | 1.7.1.2.1  |
| Under penalty of perjury I certify that the indeper<br>with, or at the request or suggestion of, any cand<br>party committee) any political party committee or | idate or authorized |                       |                                      |  |
| Ms. Emily Buchanan Signature   | [Electron           | nically Filed] Date   | 09 / 27                              | 2014   |
| -  |                     |                       |                                      |  |

| Schedule E)  | .XI ENDITORIES            |                     | PAGE 43 OF 97<br>FOR SE OF FORM 24/48                                  |
|--|---------------------------|---------------------|--|
| NAME OF COMMITTEE (In Full)  |                           |                     | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC  |                           |                     | C C00530766  |
| Check if 24-hour report X 48-hour report   | New report Ame            | nds report filed on | M = M / D = D / Y = Y = Y  |
| Full Name of Payee<br>Linda J Fueling  |                           | Da                  | te of Public Distribution/Dissemination                                |
| Mailing Address 6424 Purple Martin Ct  |                           | Am                  | 09 25 2014   |
|  |                           |                     |  |
|  | ate Zip Code  VC 28411    |                     | 7.65<br>ansaction ID : a6cfc659-63dc-47d5-8                            |
| Purpose of Expenditure Mileage   | Category/<br>Type         | 002                 | te of Disbursement or Obligation                                       |
| Name of Federal Candidate  |                           | Office Co.          | ught: House District: 00   |
| Ms. Kay Hagan  |                           | opose Office Sou    | ught: House District: 00 sident Senate State: NC                       |
| Calendar Year-To-Date Per Election for Office Sought   | 330480.58                 | Disbursen<br>2014   | nent For: Primary X General Other (specify) ▶                          |
| Full Name of Payee<br>Francis Richardson   |                           | Da                  | tte of Public Distribution/Dissemination  09 25 2014                   |
| Mailing Address 220 Doucet Rd  |                           | An                  | nount  |
| City   | ate Zip Code              |                     | 30.00  |
|  | _A 70503                  | <b>Tra</b> l        | nsaction ID: 3f2c1583-559a-49c9-a<br>tte of Disbursement or Obligation |
| Purpose of Expenditure<br>Salary   | Category/<br>Type         | 001                 | 09 / 25 / 2014   |
| Name of Federal Candidate  | Sı                        | upport Office So    | ught: House District: 00   |
| Ms. Mary L Landrieu  | × o <sub>l</sub>          | ppose Pre           | sident State: LA   |
| Calendar Year-To-Date Per Election for Office Sought   | 128218.85                 | Disburser<br>2014   | nent For: Primary General Other (specify)                              |
| (a) SUBTOTAL of Itemized Independent Expenditures  |                           | ······              | 37.65  |
| (b) SUBTOTAL of Unitemized Independent Expenditures  |                           | ······ [            |  |
| (c) TOTAL Independent Expenditures   |                           | ······              |  |
| Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager | r authorized committee or |                     |  |
| Ms. Emily Buchanan   | [Electronically Filed]    | Date 09             | / D D / Y Y Y Y Y Y 2014   |
| Signature  |                           |                     |  |

| Schedule E)   | DENT EXPEND            | ITORLS                | PAC  | GE 44 OF 97<br>R SE OF FORM 24/48                  |
|---|------------------------|-----------------------|--|--|
| NAME OF COMMITTEE (In Full)   |                        |                       |  | TIFICATION NUMBER ▼                                |
| Women Speak Out PAC   |                        |                       |  | 530766   |
| Check if 24-hour report X 48-hour repo  | rt New rep             | ort Amends repo       | rt filed on  | D / Y Y Y Y Y                                      |
| Full Name of Payee<br>Francis Richardson  |                        |                       |  | tribution/Dissemination                            |
| Mailing Address 220 Doucet Rd   |                        |                       | 09<br>Amount   | 25 2014  |
| City  | Stato                  | Zin Codo              |  | 4.71   |
| City  Lafayette   | State<br>LA            | Zip Code<br>70503     | Transaction ID : k   | 4.71<br>be8b5c53-928c-4d78-a<br>nent or Obligation |
| Purpose of Expenditure<br>Mileage   |                        | Category/<br>Type 002 |  | 25 / 2014  |
| Name of Federal Candidate   |                        | Support               | Office Sought:   | ouse District: 00                                  |
| Ms. Mary L Landrieu   |                        | X Oppose              | President X S  | enate State: LA                                    |
| Calendar Year-To-Date Per Election for Office Sought  |                        | 128218.85             | Disbursement For: 2014 Other (specify  | Primary  |
| Full Name of Payee  |                        |                       | Date of Public Dis   | stribution/Dissemination                           |
| Lynn M Jacuzzi  |                        |                       | M M / D  | 25 / 2014  |
| Mailing Address 4715 Sugar Maple Ln   |                        |                       | Amount   |  |
| City  | State                  | Zip Code              |  | 22.50  |
| Little Rock   | AR                     | 72212                 | Transaction ID : 98  Date of Disbursen   | 8555cef-937f-42a3-b<br>nent or Obligation          |
| Purpose of Expenditure<br>Salary  |                        | Category/<br>Type 001 | 09 /   | 25 / 2014  |
| Name of Federal Candidate   |                        | Support               | Office Sought:   | louse District: 00                                 |
| Mr. Mark L Pryor  |                        | X Oppose              | President X S  | enate State: AR                                    |
| Calendar Year-To-Date Per Election for Office Sought  |                        | 106363.73             | Disbursement For: 2014 Other (specify  | Primary  |
| (a) SUBTOTAL of Itemized Independent Expe   | enditures              |                       |  | 27.21  |
| (b) SUBTOTAL of Unitemized Independent E  | xpenditures            |                       |  |  |
|   | •                      |                       | 7  | 4  |
| (c) TOTAL Independent Expenditures  |                        |                       | <b>&gt;</b>  | 4  |
| Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee | andidate or authorized |                       |  |  |
| Ms. Emily Buchanan Signature  | [Electron              | ically Filed] Date    | 09 / D D / D D / D D / D D / D D / D D / D D D / D D D / D D D D / D D D D / D | 2014   |
| -   |                        |                       |  |  |

| Schedule E)   | LXI LIID      | TOTILO                |                       | PAGE 45 OF 97<br>FOR SE OF FORM 24/48                            |
|---|---------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)   |               |                       |                       | FEC IDENTIFICATION NUMBER ▼                                      |
| Women Speak Out PAC   |               |                       |                       | C C00530766  |
| Check if 24-hour report X 48-hour report  | New repo      | ort Amends repo       | ort filed on          | = M / D = D / Y = Y = Y  |
|   | New Tept      | Amenda Tepe           | ort med on            |  |
| Full Name of Payee  Lynn M Jacuzzi  |               |                       |                       | of Public Distribution/Dissemination                             |
| Mailing Address 4715 Sugar Maple Ln   |               |                       | Amou                  | nt   |
| City  | State         | Zip Code              |                       | 3.60   |
| Little Rock   | AR            | 72212                 |                       | action ID: 4e835b5b-5cc5-4da4-a of Disbursement or Obligation    |
| Purpose of Expenditure<br>Mileage   |               | Category/<br>Type 002 |                       | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| Name of Federal Candidate   |               | Support               | Office Sough          | it: House District: 00   |
| Mr. Mark L Pryor  |               | X Oppose              | Preside               | ent State: AR  |
| Calendar Year-To-Date Per Election for Office Sought  | 1             | 06363.73              | Disbursemen 2014 O    | ther (specify) ▶   |
| Full Name of Payee  |               |                       | Date                  | of Public Distribution/Dissemination                             |
| Lindsey E Helms   |               |                       |                       | 09 25 2014   |
| Mailing Address 301 N Clinic Apt 3  |               |                       |                       | 20 2014  |
| <b>1</b>  |               |                       | Amou                  | ınt  |
| City  | State         | Zip Code              |                       | 30.00  |
| Searcy  | AR            | 72143                 | Transa<br>Date        | action ID: d9831ce4-6ea6-4b54-8<br>of Disbursement or Obligation |
| Purpose of Expenditure<br>Salary  |               | Category/<br>Type 001 |                       | 09 / 25 / 2014   |
| Name of Federal Candidate   |               | Support               | Office Sough          | nt: House District: 00   |
| Mr. Mark L Pryor  |               | Oppose                | Presid                | ent Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought  |               | 106363.73             | Disbursemer<br>2014 C | nt For:  |
|   |               |                       |                       |  |
| (a) SUBTOTAL of Itemized Independent Expenditures   |               |                       | •                     | 33.60  |
| (b) SUBTOTAL of Uniternized Independent Expenditure   | es            |                       | · •                   |  |
| (c) TOTAL Independent Expenditures  |               |                       | •                     | 7  |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr | or authorized |                       |                       |  |
| Ms. Emily Buchanan  | [Electroni    | ically Filed] Date    | e 09                  | 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                         |
| Signature   |               |                       |                       |  |

| Schedule E)  | NI EXI END         | ITOTILO               |                                  | PAGE 46 OF 97<br>FOR SE OF FORM 24/48              |
|--|--------------------|-----------------------|----------------------------------|--|
| NAME OF COMMITTEE (In Full)  |                    |                       | FEC II                           | DENTIFICATION NUMBER ▼                             |
| Women Speak Out PAC  |                    |                       | C                                | C00530766  |
| Check if 24-hour report X 48-hour report   | X New rep          | ort Amends repo       | rt filed on                      | / D = D / Y = Y = Y                                |
| Full Name of Payee   |                    |                       | Date of Publi                    | c Distribution/Dissemination                       |
| Lindsey E Helms  |                    |                       | M M 09                           | 25 / 2014  |
| Mailing Address 301 N Clinic Apt 3   |                    |                       | Amount                           |  |
| City   | State              | Zip Code              |                                  | 9.00   |
| Searcy   | AR                 | 72143                 |                                  | ID: 638f851b-3199-4d17-b<br>ursement or Obligation |
| Purpose of Expenditure<br>Mileage  |                    | Category/<br>Type 002 | M M 09                           | 25 / 2014  |
| Name of Federal Candidate  |                    | Support               | Office Sought:                   | House District: 00                                 |
| Mr. Mark L Pryor   |                    | X Oppose              | President                        | Senate State: AR                                   |
| Calendar Year-To-Date Per Election for Office Sought   |                    | 06363.73              | Disbursement For: 2014 Other (sp | Primary  |
| Full Name of Payee   |                    |                       | Date of Publi                    | c Distribution/Dissemination                       |
| Natalie M Foutch   |                    |                       | 09                               | 25 2014  |
| Mailing Address 1057 Waldron Road  |                    |                       | Amount                           |  |
| City   | State              | Zip Code              |                                  | 13.00  |
| LaVergne   | TN                 | 37086                 |                                  | D: 651aacff-9583-4c4c-9<br>ursement or Obligation  |
| Purpose of Expenditure<br>Salary   |                    | Category/<br>Type 001 | M 09                             | 25 2014  |
| Name of Federal Candidate  |                    | Support               | Office Sought:                   | House District: 00                                 |
| Mr. Mark L Pryor   |                    | Oppose                | President                        | Senate State: AR                                   |
| Calendar Year-To-Date Per Election for Office Sought   | 7 7                | 106363.73             | Disbursement For: 2014 Other (sp | Primary X General pecify) ▶                        |
| (a) SUBTOTAL of Itemized Independent Expenditu   | ıres               |                       |                                  | 22.00  |
|  |                    |                       | -                                | 7 7  |
| (b) SUBTOTAL of Unitemized Independent Expendent   | ditures            |                       | <b>•</b>                         | 7 7  |
| (c) TOTAL Independent Expenditures   |                    |                       | <b>)</b>                         | 1 7 1 1 7 1  |
| Under penalty of perjury I certify that the indepen-<br>with, or at the request or suggestion of, any candi-<br>party committee) any political party committee or it | date or authorized |                       |                                  |  |
| Ms. Emily Buchanan Signature   | [Electron          | ically Filed] Date    | 09 / 27                          | 2014   |
| -  |                    |                       |                                  |  |

| Women Speak Out PAC    C   C   C   C   C   C   C   C   C   |    | include Ly  | FOR SE OF FORM 24/48   |
|--|----|---|--|
| Check if 24-hour report  |    |   | FEC IDENTIFICATION NUMBER ▼  |
| Full Name of Payee   Ashour report   Ashour report   Amount   Date of Public Distribution/Dissemination  | ۷۱ | romen Speak Out PAC   | C C00530766  |
| Theresa a Youngblood  Mailing Address 102 S Main Street Apt A2  City State Zip Code Berryville VA 22611  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Mt. Airy  Name of Federal Candidate  Mt. Airy  Name of Federal Candidate  Mt. Airy  Name of Payee Mt. Airy  Name of Federal Candidate  Mt. Airy  NC 27030  Transaction ID: 43d6ae7c-cabc-d4a3-8 Date of Disbursement or Obligation  Transaction ID: 5c0ab6e7c-cabc-d4a3-8 Date of Disbursement For: Primary  General State: AR  Date of Payee Ms. Tonya Boyd  City State Zip Code Mt. Airy  NC 27030  Transaction ID: 5cc0ab6e-155b-46a8-8 Date of Disbursement For: Primary  Calendar Year-To-Date Salary  Category'  On1  Support  Office Sought: House District: 00  Transaction ID: 5cc0ab6e-155b-46a8-8 Date of Disbursement For: Primary  Category'  On1  Support  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Oppose  President Senate State: NC  Category'  On1  Support  Office Sought: House District: 00  President Senate State: NC  Disbursement For: Primary General State: NC  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Under penalty of perjury I certify that the Independent expenditures reported herein were not made in cooperation, consultation, or concervity, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or fis agent.  Ms. Emily buchanan  [Electronically Filed] Date 09 27 2014  | Ch | eck if 24-hour report X 48-hour report New report Amends report filed of                            |  |
| Mailing Address 102 S Main Street Apt A2  City State Zip Code Berryville VA 22611  Name of Federal Candidate Support Office Sought: House District: 00 President Senate State: AR  Calendar Yea-To-Date Per John Salary NC 27030  Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd  Amount  Transaction ID: 4308a67c-cabc-4da3-8 Date of Disbursement or Obligation  Oppose President Senate State: AR  Calendar Yea-To-Date Per Election for Office Sought: House District: 00 President Senate State: AR  Calendar Yea-To-Date Primary General State: AR  City State Zip Code  Mt. Airy NC 27030  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Categony' 001  Name of Federal Candidate  Ms. Kay Hagan  Calendar Yea-To-Date Sought  Categony' 001  Reference of Primary Senate State: NC  Categony' 001  Office Sought: House District: 00  President Senate State: NC  Categony' 001  Office Sought: House District: 00  President Senate State: NC  Disbursement For: Primary General State: NC  Categony' 001  Office Sought: House District: 00  President Senate State: NC  Disbursement For: Primary General State: NC  Disburse  | ٦  |   | Date of Public Distribution/Dissemination                                |
| City State Zip Code Berryville VA 22611  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd  City State Zip Code Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Salary  Calendar Year-To-Date Purpose of Expenditure Salary  Category/ Salary  Category/ Out  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Salary  Category/ Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Kay Hagan  Name of Federal Candidate  |    |   |  |
| Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Ms. Tonya Boyd  Mt. Airy  Name of Federal Candidate Ms. Kary Hagan  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Salary  NC 27030  Transaction ID: 43d5ae7c-cabc-dda3-8  Date of Disbursement or Obligation  President Senate State: AR  Disbursement For: Primary Genera  2014  Other (specify) ▶  Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd  Amount  Transaction ID: 43d5ae7c-cabc-dda3-8  Transaction ID: 43d5ae7c-cabcdaae8  Transaction ID: 43d5ae7cae8  Transaction ID: 43d5ae7cae8  Transa  |    | Mailing Address 102 S Main Street Apt A2  | Amount   |
| Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Ms. Tonya Boyd  Mt. Airy  Name of Federal Candidate Ms. Kary Hagan  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Salary  NC 27030  Transaction ID: 43d5ae7c-cabc-dda3-8  Date of Disbursement or Obligation  President Senate State: AR  Disbursement For: Primary Genera  2014  Other (specify) ▶  Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd  Amount  Transaction ID: 43d5ae7c-cabc-dda3-8  Transaction ID: 43d5ae7c-cabcdaae8  Transaction ID: 43d5ae7cae8  Transaction ID: 43d5ae7cae8  Transa  |    | City State Zip Code   | 50.00  |
| Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Malling Address Salary  Name of Federal Candidate  Mt. Airy  NC  Z7030  Purpose of Expenditure Salary  NC  Z7030  Transaction ID: 5ccdab6e:455b-46a8-8 Date of Dublic Distribution/Dissemination  Type  Office Sought:  House District: On President Senate State: AR  Calendar Year-To-Date Purpose of Expenditure Salary  NC  Z7030  Transaction ID: 5ccdab6e:455b-46a8-8 Date of Dublic Distribution/Dissemination  Og*  Z5  Z014  Amount  Category/ Og1  Z5  Z014  Amount  Category/ Og1  Z5  Z014  Cat |    |   | Transaction ID: 43d6ae7c-cabc-4da3-8                                     |
| Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd  City State Zip Code Mt. Airy  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary General Candidate  Cother (specify) ▶  130.00  (b) SUBTOTAL of Itemized Independent Expenditures  Lother (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  |    | Salany Category/  | M M / D D / Y Y Y Y  |
| Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ms. Tonya Boyd  Mailing Address  2357 Fancy Cap Rd  City State    |    | Name of Federal Candidate Support Office  | Sought: House District:00  |
| Per Election for Office Sought  Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Catendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan    Electronically Filed    Date   Total  |    | Mr Mark I Prior   |  |
| Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calegory/ Type  Calegory/ Doil  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |    | 40000 70  |  |
| Mailing Address 2357 Fancy Cap Rd  Amount  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Salary  Name of Federal Candidate Support Ns. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  |    |   | Date of Public Distribution/Dissemination                                |
| City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calegory/ Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Amount  Amount  Transaction ID: 5cc0ab6e-155b-46a8-8 Date of Disbursement or Obligation  Mgg / 25 / 2014  Office Sought: House District: 00 President X Senate State: NC  Disbursement For: Primary X General Candidate  Galendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID: 5cc0ab6e-155b-46a8-8 Date of Disbursement or Obligation  Mgg / 25 / 2014  Other Sought: House District: 00  Other (specify)  Calendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID: 5cc0ab6e-155b-46a8-8 Date of Disbursement or Obligation  Transaction ID: 5cc0ab6e-155b-46a8-8 Date of Disbursement o  |    | Molling Address   |  |
| Mt. Airy  NC  27030  Transaction ID: 5cc0ab6e-155b-46a8-8 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 5cc0ab6e-155b-46a8-8 Date of Disbursement or Obligation  Office Sought  No  Oppose  President  Senate State: NC  Disbursement For: Primary  General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concern with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date  Office Sought  House District:  OO  Office Sought: House District: OO  Office Sought: House District: OO  Office Sought: House District: OO  Office Sought: House District: OO  Other (specify)  In the sequence of the sequence o |    | Mailing Address 2357 Fancy Cap Rd   | Amount   |
| Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |    | City State Zip Code   | 80.00  |
| Purpose of Expenditure Salary    Category/   |    | <u> </u>  | Transaction ID : 5cc0ab6e-f55b-46a8-8 Date of Disbursement or Obligation |
| Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC  |    | Salany Category/ 001  | M M / D D / Y Y Y Y  |
| Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC  |    | Name of Federal Candidate Support Office  | Sought: House District: 00   |
| Per Election for Office Sought  330480.58  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  |    |   |  |
| (c) TOTAL Independent Expenditures   |    | 2014  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  |    | (a) SUBTOTAL of Itemized Independent Expenditures   | 130.00   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  |    | (b) SUBTOTAL of Unitemized Independent Expenditures   |  |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  |    | (c) TOTAL Independent Expenditures  |  |
| [Electronically Filed] Date 09 27 2014   | 1  | with, or at the request or suggestion of, any candidate or authorized committee or agent of either, |  |
|  |    | [Elastrania III. Eila II  |  |
| Signature  |    | Signature   |  |

PAGE 47

OF

| Schedule E)  | DEINT EXTEND          | TIONES                | PAGE 48 OF 97<br>FOR SE OF FORM 24/48  |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                       |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                       |                       | C C00530766  |
| Check if 24-hour report X 48-hour repor              | t New re              | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                       |                       | Date of Public Distribution/Dissemination  |
| Ms. Tonya Boyd                                       |                       |                       | 09 / 25 / 2014   |
| Mailing Address 2357 Fancy Cap Rd                    |                       |                       | Amount   |
| City   | State                 | Zip Code              | 14.34  |
| Mt. Airy   | NC                    | 27030                 | Transaction ID: 8fe46fc1-a30c-447f-9 Date of Disbursement or Obligation                                    |
| Purpose of Expenditure Mileage                       |                       | Category/<br>Type 002 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                       | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                       | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought | , , ,                 | 330480.58             | Disbursement For:  Primary  General  2014  Other (specify) ▶   |
| Full Name of Payee                                   |                       |                       | Date of Public Distribution/Dissemination  |
| Jeffrey Hampton                                      |                       |                       | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 1700 E Part Ave                      |                       |                       | Amount   |
| City   | State                 | Zip Code              | 33.00  |
| Searcy   | AR                    | 72149                 | Transaction ID : 80da41e9-6b52-4731-b Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Salary                     |                       | Category/<br>Type 001 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                       | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                       | X Oppose              | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought |                       | 106363.73             | Disbursement For:  Primary  General  2014  General  Other (specify) ▶                                      |
| (a) SUBTOTAL of Itemized Independent Expe            | nditures              |                       | 47.34  |
| (-,  |                       |                       | 7 7  |
| (b) SUBTOTAL of Unitemized Independent Ex            | penditures            |                       | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures                   |                       |                       | ·  |
|  | andidate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electro              | nically Filed] Date   | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <del>-</del>   |                       |                       |  |

| Schedule E)   |                            | TOTILO                |                                 | PAGE 49 OF 97<br>FOR SE OF FORM 24/48                |
|---|----------------------------|-----------------------|---------------------------------|--|
| NAME OF COMMITTEE (In Full)   |                            |                       | FEC                             | IDENTIFICATION NUMBER ▼                              |
| Women Speak Out PAC   |                            |                       | C                               | C00530766  |
| Check if 24-hour report X 48-hour r   | eport New repo             | ort Amends repo       | rt filed on                     | / D = D / Y = Y = Y                                  |
|   | Spent Z new ispec          |                       |                                 |  |
| Full Name of Payee  Jeffrey Hampton   |                            |                       | Date of Pub                     | lic Distribution/Dissemination  25 2014              |
| Mailing Address 1700 E Part Ave   |                            |                       | Amount                          |  |
| City  | State                      | Zip Code              |                                 | 25.71  |
| Searcy  | AR                         | 72149                 |                                 | ID: 6f18510f-3ad9-480e-b<br>pursement or Obligation  |
| Purpose of Expenditure<br>Mileage   |                            | Category/<br>Type 002 | 09                              | 25 / 2014  |
| Name of Federal Candidate   |                            | Support               | Office Sought:                  | House District: 00                                   |
| Mr. Mark L Pryor  |                            | X Oppose              | President                       | Senate State: AR                                     |
| Calendar Year-To-Date Per Election for Office Sought  | 1                          | 06363.73              | Disbursement For: 2014 Other (s | Primary  |
| Full Name of Payee  |                            |                       | Date of Pub                     | olic Distribution/Dissemination                      |
| Christopher Marquess  |                            |                       | M M 09                          | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| Mailing Address 110 W Pecan St  |                            |                       | Amount                          |  |
| City  | State                      | Zip Code              |                                 | 55.00  |
| Ville Platte  | LA                         | 70586                 | Transaction Date of Disl        | ID : 6f6b7d5c-5eee-4651-b<br>oursement or Obligation |
| Purpose of Expenditure<br>Salary  |                            | Category/<br>Type 001 | M 09                            | 25 2014  |
| Name of Federal Candidate   |                            | Support               | Office Sought:                  | House District:00                                    |
| Ms. Mary L Landrieu   |                            | X Oppose              | President                       | Senate State: LA                                     |
| Calendar Year-To-Date<br>Per Election for Office Sought   |                            | 128218.85             | Disbursement For: 2014 Other (s | Primary X General                                    |
| (a) SUBTOTAL of Itemized Independent E  | Expenditures               |                       |                                 | 80.71  |
|   |                            |                       |                                 | 7 4  |
| (b) SUBTOTAL of Unitemized Independer   | nt Expenditures            |                       | •                               |  |
| (c) TOTAL Independent Expenditures  |                            |                       | •                               | 4  |
| Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commit | ny candidate or authorized |                       |                                 |  |
| Ms. Emily Buchanan  | [Electroni                 | cally Filed] Date     | 09 / 27                         | 2014   |
| Signature   |                            | _                     |                                 |  |

| Schedule E)   | A LIVER OFFICE                          | PAGE 50 OF 97<br>FOR SE OF FORM 24/48  |
|---|---|--|
| NAME OF COMMITTEE (In Full)   |   | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC   |   | C C00530766  |
| Check if 24-hour report X 48-hour report  | New report Amends report filed          | d on Mam / Dab / Yayayay   |
| Full Name of Payee Christopher Marquess   |   | Date of Public Distribution/Dissemination  |
| Mailing Address 110 W Pecan St  |   | 09 25 2014<br>Amount   |
| City Stat   | e Zip Code                              | 22.80  |
| Ville Platte LA   | •                                       | Transaction ID : a972ea96-8f1b-4305-a Date of Disbursement or Obligation               |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type 002                   | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Name of Federal Candidate   | Support Offic                           | e Sought: House District: 00   |
| Ms. Mary L Landrieu   | Oppose                                  | President Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought  | 128218.85 Disb<br>2014                  | ursement For:  |
| Full Name of Payee Brenda L McCune  Mailing Address 1254 Fleming St Apt 6   |   | Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Stat   | te Zip Code                             | 100.00   |
| Conway AF   | ·                                       | Transaction ID : e428d944-a319-4eb6-8 Date of Disbursement or Obligation               |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001                   | 09 25 / Y Y Y Y Y  |
| Name of Federal Candidate   | Support Office                          | e Sought: House District: 00   |
| Mr. Mark L Pryor  | ∑ Oppose                                | President State: AR  |
| Calendar Year-To-Date Per Election for Office Sought  | 106363.73 Disb<br>2014                  | ursement For:  |
| (a) SUBTOTAL of Itemized Independent Expenditures   | ·····                                   | 122.80   |
| (b) SUBTOTAL of Unitemized Independent Expenditures   | ·····                                   |  |
| (c) TOTAL Independent Expenditures  | ·····                                   |  |
| Under penalty of perjury I certify that the independent ex<br>with, or at the request or suggestion of, any candidate or<br>party committee) any political party committee or its agent | authorized committee or agent of either |  |
| Ms. Emily Buchanan  | [Electronically Filed] Date             | 09 27 2014   |
| Signature   | _                                       |  |

| Sched    | lule E)   | 1 <b>-</b> // -/  |                       |                      | PAGE 51 OF 97<br>FOR SE OF FORM 24/48                           |
|----------|---|-------------------|-----------------------|----------------------|---|
|          | OF COMMITTEE (In Full)  |                   |                       |                      | FEC IDENTIFICATION NUMBER ▼                                     |
| Wom      | nen Speak Out PAC   |                   |                       |                      | C C00530766   |
| Check it | f 24-hour report X 48-hour report   | New repo          | ort Amends repo       | ort filed on         | M / D D / Y Y Y Y Y   |
|          | Name of Payee<br>renda L McCune   |                   |                       | M                    | of Public Distribution/Dissemination                            |
| Mail     | ling Address 1254 Fleming St Apt 6  |                   |                       | Amour                | 09 25 2014<br>nt  |
| City     |   | State             | Zip Code              |                      | 100.00  |
| Coi      | nway  | AR                | 72032                 |                      | action ID : 2582c8b1-f703-4ec5-b of Disbursement or Obligation  |
|          | pose of Expenditure<br>lary   |                   | Category/<br>Type 001 | M                    | 09 25 / 2014  |
| Nan      | ne of Federal Candidate   |                   | Support               | Office Sought        | t: House District: 00   |
| Mr.      | Mark L Pryor  |                   | X Oppose              | Preside              | ent Senate State: AR  |
|          | Calendar Year-To-Date Per Election for Office Sought  | , , 1             | 106363.73             | Disbursement 2014 Ot | t For: Primary  |
| Br<br>   | Name of Payee renda L McCune ling Address 1254 Fleming St Apt 6   |                   |                       | M                    | of Public Distribution/Dissemination                            |
| IVIAI    | ing Address 1254 Fleming St Apt 6   |                   |                       | Amou                 | nt  |
| City     | ,   | State             | Zip Code              |                      | 10.50   |
|          | nway  | AR                | 72032                 | Transa<br>Date of    | ction ID : 9a55afc9-58c6-4ce5-b<br>f Disbursement or Obligation |
|          | pose of Expenditure<br>eage   |                   | Category/<br>Type 002 |                      | 09 25 / 2014  |
| Nar      | ne of Federal Candidate   |                   | Support               | Office Sough         | t: House District: 00   |
| Mr.      | Mark L Pryor  |                   | X Oppose              | Preside              |   |
|          | Calendar Year-To-Date Per Election for Office Sought  | 7                 | 106363.73             | Disbursement 2014 Of | t For: Primary X General ther (specify) ▶                       |
| (a) S    | SUBTOTAL of Itemized Independent Expenditure  | əs                |                       | >                    | 110.50  |
| (b) S    | SUBTOTAL of Unitemized Independent Expendit   | tures             |                       | · •                  |   |
| (c) T    | TOTAL Independent Expenditures  |                   |                       | · [                  |   |
| with,    | r penalty of perjury I certify that the independe<br>or at the request or suggestion of, any candida<br>committee) any political party committee or its | ate or authorized |                       |                      |   |
| _        | Ms. Emily Buchanan  | [Electron         | nically Filed] Date   | e 09 /               | 27 2014   |
| Si       | ignature  |                   |                       |                      |   |

| Schedule E)   | JENT EXI END           | ITOTILO               | PAGE 52<br>FOR SE OF                                  | OF 97<br>FORM 24/48 |
|---|------------------------|-----------------------|---|---------------------|
| NAME OF COMMITTEE (In Full)   |                        |                       | FEC IDENTIFICATION                                    | N NUMBER ▼          |
| Women Speak Out PAC   |                        |                       | C C00530766   |                     |
| Check if 24-hour report X 48-hour report  | New rep                | ort Amends repo       | t filed on  | Y Y Y Y Y           |
| Full Name of Payee  |                        |                       | Date of Public Distribution/                          | Dissemination       |
| Brenda L McCune   |                        |                       | 09 / 05 /   | 2014                |
| Mailing Address 1254 Fleming St Apt 6   |                        |                       | Amount  |                     |
| City  | State                  | Zip Code              |   | 10.50               |
| Conway  | AR                     | 72032                 | Transaction ID : 37dfe06e Date of Disbursement or C   |                     |
| Purpose of Expenditure<br>Mileage   |                        | Category/<br>Type 002 | M = M / D = D / 25                                    | 2014                |
| Name of Federal Candidate   |                        | Support               | Office Sought: House                                  | District: 00        |
| Mr. Mark L Pryor  |                        | X Oppose              | President Senate                                      | State: AR           |
| Calendar Year-To-Date Per Election for Office Sought  | 7                      | 106363.73             | Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶  | General             |
| Full Name of Payee  |                        |                       | Date of Public Distribution/                          | Dissemination       |
| Sandra H Wagner   |                        |                       | 09 / 25   | 2014                |
| Mailing Address 5828 Rena Road  |                        |                       | Amount  |                     |
| City  | State                  | Zip Code              |   | 105.00              |
| Hamptonville  | NC                     | 27020                 | Transaction ID : 52c31ef1-i Date of Disbursement or C |                     |
| Purpose of Expenditure<br>Salary  |                        | Category/<br>Type 001 | 09 / <sup>D</sup> 25                                  | 2014                |
| Name of Federal Candidate   |                        | Support               | Office Sought: House                                  | District: 00        |
| Ms. Kay Hagan   |                        | Oppose                | President Senate                                      | State: NC           |
| Calendar Year-To-Date Per Election for Office Sought  | .,,                    | 330480.58             | Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶  | K General           |
| (a) SUBTOTAL of Itemized Independent Exper  | nditures               |                       |   | 115.50              |
|   |                        |                       | 7   |                     |
| (b) SUBTOTAL of Unitemized Independent Ex   | penditures             |                       | <b>•</b>  |                     |
| (c) TOTAL Independent Expenditures  |                        |                       | ·   |                     |
| Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee | andidate or authorized |                       |   |                     |
| Ms. Emily Buchanan Signature  | [Electron              | ically Filed] Date    | 09 27 Y 201   | 4                   |
| -   |                        |                       |   |                     |

| Schedule E)  | PAGE 53 OF 97<br>FOR SE OF FORM 24/48                                    |
|--|--|
| NAME OF COMMITTEE (In Full)  | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC  | C C00530766  |
| Check if 24-hour report X 48-hour report New report Amends re  | eport filed on   |
| Full Name of Payee Sandra H Wagner   | Date of Public Distribution/Dissemination                                |
| Mailing Address 5828 Rena Road   | 09 25 2014<br>Amount   |
| City State Zip Code  | 13.80  |
| Hamptonville NC 27020  | Transaction ID : ba268e34-5dfe-4cf4-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage  Category/ Type 0   | 02 09 / 25 / Y Y Y Y   |
| Name of Federal Candidate Support  | t Office Sought: House District: 00                                      |
| Ms. Kay Hagan Oppose   |  |
| Calendar Year-To-Date Per Election for Office Sought 330480.58   | Disbursement For:  Primary  General 2014  Other (specify) ▶              |
| Full Name of Payee Miranda A Resinos  Mailing Address 1430 Sunnyside Rd  | Date of Public Distribution/Dissemination  M 09 / 25 / Y 2014  Amount    |
| City State Zip Code  | 80.00  |
| Alma AR 72921  | Transaction ID: 87934721-dd68-45c2-8 Date of Disbursement or Obligation  |
| Purpose of Expenditure Salary  Category/ Type  | 01 09 25 2014  |
| Name of Federal Candidate Suppor   | t Office Sought: House District: 00                                      |
| Mr. Mark L Pryor Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought 106363.73   | Disbursement For:  Primary  General 2014  General  Other (specify) ▶     |
| (a) SUBTOTAL of Itemized Independent Expenditures  | 93.80  |
| (b) SUBTOTAL of Unitemized Independent Expenditures  |  |
| (c) TOTAL Independent Expenditures   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent. |  |
|  | Date 09 27 2014  |
| Signature  |  |

| S  | chedule E)   | LXI LIVDI     | TOTILO                |                  | PAGE 54 OF 97<br>FOR SE OF FORM 24/48                            |
|----|--|---------------|-----------------------|------------------|--|
| V/ | AME OF COMMITTEE (In Full)   |               |                       |                  | FEC IDENTIFICATION NUMBER ▼                                      |
| ۷  | Vomen Speak Out PAC  |               |                       |                  | C C00530766  |
| Ch | neck if 24-hour report X 48-hour report  | New repo      | ort Amends repo       |                  | M  |
|    | Full Name of Payee<br>Miranda A Resinos  |               |                       |                  | of Public Distribution/Dissemination                             |
|    | Mailing Address 1430 Sunnyside Rd  |               |                       | Amou             | 09 25 2014<br>unt  |
|    | City   | State         | Zip Code              |                  | 10.80  |
|    | Alma   | AR            | 72921                 |                  | saction ID : fd0abb5c-fd3b-4d4a-8 of Disbursement or Obligation  |
|    | Purpose of Expenditure<br>Mileage  |               | Category/<br>Type 002 |                  | 09 25 7 2014   |
|    | Name of Federal Candidate  |               | Support               | Office Sough     | nt: House District:00  |
|    | Mr. Mark L Pryor   |               | X Oppose              | Presid           |  |
|    | Calendar Year-To-Date Per Election for Office Sought   | 1             | 06363.73              | Disbursemer 2014 | nt For:  |
|    | Full Name of Payee   |               |                       | Date             | of Public Distribution/Dissemination                             |
|    | Laura U Logie  |               |                       | [                | 09 / 25 / Y Y Y Y Y Y  |
|    | Mailing Address 2565 Shire Circle  |               |                       | Amou             | ınt  |
|    | City   | State         | Zip Code              |                  | 20.00  |
|    | Harrisonburg   | VA            | 22801                 |                  | action ID: 296a9cab-41a6-4ccd-8<br>of Disbursement or Obligation |
|    | Purpose of Expenditure<br>Salary   |               | Category/<br>Type 001 |                  | 09 / 25 / Y Y Y Y 2014   |
|    | Name of Federal Candidate  |               | Support               | Office Sough     | nt: House District: 00   |
|    | Mr. Mark L Pryor   |               | Oppose                | Presid           | ent X Senate State: AR   |
|    | Calendar Year-To-Date Per Election for Office Sought   |               | 106363.73             | Disbursemer 2014 | nt For:  Primary   |
|    |  |               |                       |                  |  |
|    | (a) SUBTOTAL of Itemized Independent Expenditures.   |               |                       | •                | 30.80  |
|    | (b) SUBTOTAL of Unitemized Independent Expenditure   | es            |                       | •                |  |
|    | (c) TOTAL Independent Expenditures   |               |                       | · [              | 1411411  |
|    | Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized |                       |                  |  |
|    | Ms. Emily Buchanan Signature   | [Electroni    | ically Filed] Date    | 9 09             | 27 2014  |
|    |  |               |                       |                  |  |

| Schedule E)   | ENDENT EXILITIES            | 101120                |                                 | PAGE 55 OF 97<br>FOR SE OF FORM 24/48                        |
|---|-----------------------------|-----------------------|---------------------------------|--|
| NAME OF COMMITTEE (In Full)   |                             |                       | FEC                             | IDENTIFICATION NUMBER ▼                                      |
| Women Speak Out PAC   |                             |                       | C                               | C00530766  |
| Check if 24-hour report X 48-hour   | report New repo             | ort Amends repo       | ort filed on                    | / D = D / Y = Y = Y  |
| Full Name of Payee Evelyn Lesaicherre   |                             |                       | Date of Pub                     | lic Distribution/Dissemination                               |
| Mailing Address 629 Radiance Ave  |                             |                       | 09<br>Amount                    | 25 2014  |
|   |                             |                       |                                 |  |
| City Metairie   | State<br>LA                 | Zip Code<br>70001     |                                 | 80.00<br>ID: 33781645-fa27-4630-8<br>bursement or Obligation |
| Purpose of Expenditure<br>Salary  |                             | Category/<br>Type 001 | M 09                            | / D D / Y Y Y Y Y Y 2014                                     |
| Name of Federal Candidate   |                             | Support               | Office Sought:                  | House District: 00   |
| Ms. Mary L Landrieu   |                             | X Oppose              | President                       | Senate State: LA   |
| Calendar Year-To-Date<br>Per Election for Office Sought   | 1                           | 28218.85              | Disbursement For: 2014 Other (s | Primary  |
| Full Name of Payee Evelyn Lesaicherre   |                             |                       | Date of Pub                     | olic Distribution/Dissemination                              |
| Mailing Address 629 Radiance Ave  |                             |                       | Amount                          |  |
| City  | State                       | Zip Code              |                                 | 6.30   |
| Metairie  Purpose of Expenditure  | LA                          | 70001                 | Transaction Date of Disl        | ID: 686ca2cb-1494-412b-9<br>bursement or Obligation          |
| Mileage   |                             | Category/<br>Type 002 | M 09                            | 25 / 2014  |
| Name of Federal Candidate   |                             | Support               | Office Sought:                  | House District: 00   |
| Ms. Mary L Landrieu   |                             | X Oppose              | President                       | Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought  |                             | 128218.85             | Disbursement For: 2014 Other (s | Primary  |
| (a) SUBTOTAL of Itemized Independent  | Expenditures                |                       | . •                             | 86.30  |
| (b) SUBTOTAL of Unitermized Independent   | ent Expenditures            |                       | . •                             | 7 7 7  |
| (c) TOTAL Independent Expenditures  |                             |                       | <b>.</b>                        | 72 72  |
| Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm | any candidate or authorized |                       |                                 |  |
| Ms. Emily Buchanan  | [Electroni                  | ically Filed] Date    | 9 09 27                         | 2014   |
| Signature   |                             |                       |                                 |  |

|                   |  |          | FOR SE OF                                 | FORM 24/48     |
|-------------------|--|----------|---|----------------|
|                   | COMMITTEE (In Full)  | FEC      | IDENTIFICATION                            | ON NUMBER ▼    |
| vvomen            | Speak Out PAC  | С        | C00530766                                 |                |
| Check if          | 24-hour report X 48-hour report New report Amends report filed on  | M = M    | / D D /                                   | Y W Y W Y      |
|                   |  | e of Pu  | blic Distribution                         | /Dissemination |
|                   | ce Wolfe   | 09       | 25  | 2014           |
| Mailing           | Address 9909 Treasure Hill Rd  | ount     |   |                |
| City              | State Zip Code   |          |   | 20.00          |
| Little R          | Dat  |          | n ID: 30a0b3al<br>sbursement or 0         |                |
| Purpose<br>Salary | of Expenditure  Category/ Type  001  | M = M 09 | 25  | 2014           |
| Name o            | f Federal Candidate Support Office Sou   | ght:     | House                                     | District: 00   |
| Mr. Ma            | k L Pryor Oppose Pres  | ident    | X Senate                                  | State: AR      |
|                   | endar Year-To-Date Election for Office Sought  Disbursem 2014  |          | : Primary                                 | General        |
|                   | ne of Payee Da   |          | blic Distribution                         | /Dissemination |
|                   | Address 9909 Treasure Hill Rd  | 09       | 25  | 2014           |
|                   | 3000 Troubare Filli Na   | ount     |   |                |
| City              | State Zip Code   |          |   | 5.40           |
| Little R          | Da   |          | n <b>ID : 9ab4c6a1</b><br>sbursement or 0 |                |
| Purpose<br>Mileag | e of Expenditure Category/ Type 002  | 09       | 25  | 2014           |
| Name o            | f Federal Candidate Support Office Sou   | ıght:    | House                                     | District:00    |
| Mr. Ma            | k L Pryor Oppose Pres  | sident   | X Senate                                  | State: AR      |
|                   | lendar Year-To-Date r Election for Office Sought  Disburser 2014   |          | : Primary                                 | General        |
| (a) SUB           | TOTAL of Itemized Independent Expenditures   |          | T T                                       | 25.40          |
| (b) SUB           | TOTAL of Unitemized Independent Expenditures   |          | <i>T T</i>                                |                |
| (c) TOTA          | L Independent Expenditures   |          | 7 1 7                                     |                |
| with, or a        | nalty of perjury I certify that the independent expenditures reported herein were not made in the request or suggestion of, any candidate or authorized committee or agent of either, or namittee) any political party committee or its agent. |          |   |                |
| <u> </u>          | Ms. Emily Buchanan [Electronically Filed] Date 09  | / 27     | 7 / Y Y Y 201                             |                |
| Signa             | ure  |          |   |                |

PAGE

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OF

| Schedule E)  | JENT EXILIND          | TIONES                | PAGE 57 OF 97<br>FOR SE OF FORM 24/48  |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                       |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                       |                       | C C00530766  |
| Check if 24-hour report X 48-hour repor              | New rep               | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                       |                       | Date of Public Distribution/Dissemination  |
| Billy Martin   |                       |                       | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Mailing Address 250 JS Brewton rd                    |                       |                       | Amount   |
| City   | State                 | Zip Code              | 50.00  |
| goldonna   | LA                    | 71031                 | Transaction ID : ef5f996d-6ed0-4592-b Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Salary                     |                       | Category/<br>Type 001 | 09 / 25 / Y Y Y Y Y  |
| Name of Federal Candidate                            |                       | Support               | Office Sought: House District: 00  |
| Ms. Mary L Landrieu                                  |                       | Oppose                | President State: LA  |
| Calendar Year-To-Date Per Election for Office Sought |                       | 128218.85             | Disbursement For:  Primary  General  Q014  Gther (specify) ▶   |
| Full Name of Payee                                   |                       |                       | Date of Public Distribution/Dissemination  |
| Billy Martin   |                       |                       | 09 25 7 2014   |
| Mailing Address 250 JS Brewton rd                    |                       |                       | Amount   |
| City   | State                 | Zip Code              | 2.70   |
| goldonna   | LA                    | 71031                 | Transaction ID : acf84678-fc31-4c19-8 Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Mileage                    |                       | Category/<br>Type 002 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                       | Support               | Office Sought: House District: 00  |
| Ms. Mary L Landrieu                                  |                       | X Oppose              | President Senate State: LA   |
| Calendar Year-To-Date Per Election for Office Sought |                       | 128218.85             | Disbursement For:  Primary  General 2014  General Other (specify) ▶  |
| (a) SUBTOTAL of Itemized Independent Exper           | nditures              |                       | 52.70  |
|  |                       |                       | 7 7 7  |
| (b) SUBTOTAL of Unitemized Independent Ex            | penditures            |                       | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures                   |                       |                       | <b>•</b>   |
|  | andidate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron             | nically Filed] Date   | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| •  |                       |                       |  |

| Sche  | dule E)  | LXI LIIDI        | 1101120               |                       | PAGE 58 OF 97<br>FOR SE OF FORM 24/48                          |
|-------|--|------------------|-----------------------|-----------------------|--|
|       | OF COMMITTEE (In Full)   |                  |                       |                       | FEC IDENTIFICATION NUMBER ▼                                    |
| Wor   | men Speak Out PAC  |                  |                       |                       | C C00530766  |
| Check | if 24-hour report X 48-hour report   | New repo         | ort Amends repo       | ort filed on          | M / D D / Y Y Y Y Y  |
| Fu    | II Name of Payee<br>Edward N Walker  |                  |                       |                       | of Public Distribution/Dissemination                           |
| Ма    | ailing Address 3 Girard St   |                  |                       | Amou                  | 09 25 2014<br>nt   |
| Cit   | h.   | State            | Zip Code              | —  r-                 | 50.00  |
|       | t Smith  | AR               | 72901                 |                       | action ID : d13d21da-af40-4cb0-b of Disbursement or Obligation |
|       | rpose of Expenditure<br>alary  |                  | Category/<br>Type 001 |                       | 09 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| Na    | ame of Federal Candidate   |                  | Support               | Office Sough          | t: House District:00   |
| M     | r. Mark L Pryor  |                  | Oppose                | Preside               |  |
|       | Calendar Year-To-Date Per Election for Office Sought   | 1                | 106363.73             | Disbursement 2014 Or  | t For: Primary X General ther (specify) ▶                      |
|       | III Name of Payee<br>Edward N Walker   |                  |                       |                       | of Public Distribution/Dissemination                           |
| Ma    | ailing Address 3 Girard St   |                  |                       | Amou                  | 09 25 2014<br>nt   |
| Cit   | tv   | State            | Zip Code              | - $ $ $ $ $ $ $ $     | 7.20   |
| F     | t Smith  | AR               | 72901                 | Transa<br>Date        | oction ID : 5de7c34e-d1db-4da5-8 of Disbursement or Obligation |
|       | rpose of Expenditure<br>fileage  |                  | Category/<br>Type 002 |                       | 09 / 25 / 2014   |
| Na    | ame of Federal Candidate   |                  | Support               | Office Sough          | it: House District:00  |
| M     | r. Mark L Pryor  |                  | X Oppose              | Preside               | ent Senate State: AR   |
|       | Calendar Year-To-Date Per Election for Office Sought   |                  | 106363.73             | Disbursemen<br>2014 O | ther (specify) ►   |
| (a)   | SUBTOTAL of Itemized Independent Expenditures  | S                |                       | · ·                   | 57.20  |
| (b)   | SUBTOTAL of Unitemized Independent Expenditu   | ures             |                       | >                     |  |
| (c)   | TOTAL Independent Expenditures   |                  |                       | · ·                   | 7 1 7 1 7  |
| with  | ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidately committee) any political party committee or its a | te or authorized |                       |                       |  |
| _     | Ms. Emily Buchanan   | [Electron        | ically Filed] Date    | e 09 /                | 27 2014  |
| 5     | Signature  |                  |                       |                       |  |

| Schedule E)   | IN EXIEND            | HONES                 | PAGE 59 OF FOR SE OF FORM   | 97<br>24/48 |
|---|----------------------|-----------------------|---|-------------|
| NAME OF COMMITTEE (In Full)   |                      |                       | FEC IDENTIFICATION NUM  | IBER ▼      |
| Women Speak Out PAC   |                      |                       | C C00530766   |             |
| Check if 24-hour report X 48-hour report  | New rep              | oort Amends repo      | t filed on  | YYY         |
| Full Name of Payee  |                      |                       | Date of Public Distribution/Dissemi   | nation      |
| Sue G Walker  |                      |                       | 09 / 25 / Y Y Y 20  | 14 Y        |
| Mailing Address 3 Girard  |                      |                       | Amount  |             |
| City  | State                | Zip Code              |   | 50.00       |
| Fort Smith  | AR                   | 72901                 | Transaction ID: 19b07636-866d-4 Date of Disbursement or Obligation  |             |
| Purpose of Expenditure<br>Salary  |                      | Category/<br>Type 001 | M = M / D = D / Y = Y   | 14          |
| Name of Federal Candidate   |                      | Support               | Office Sought: House District:  | 00          |
| Mr. Mark L Pryor  |                      | X Oppose              | President X Senate State:   | _AR         |
| Calendar Year-To-Date Per Election for Office Sought  | 7                    | 106363.73             | Disbursement For:  Primary  2014  Primary  Prim | General     |
| Full Name of Payee  |                      |                       | Date of Public Distribution/Dissemi   | nation      |
| Sue G Walker  |                      |                       |   | )14         |
| Mailing Address 3 Girard  |                      |                       | Amount  |             |
| City  | State                | Zip Code              | 1   | 3.50        |
| Fort Smith  | AR                   | 72901                 | Transaction ID: e1e07319-a2a7-40 Date of Disbursement or Obligation   |             |
| Purpose of Expenditure Mileage  |                      | Category/<br>Type 002 | 09 / 25 / Y 20  | 14          |
| Name of Federal Candidate   |                      | Support               | Office Sought: House District:  | 00          |
| Mr. Mark L Pryor  |                      | Oppose                | President State:  |             |
| Calendar Year-To-Date Per Election for Office Sought  | 7                    | 106363.73             | Disbursement For: Primary 2014 Other (specify) ▶  | General     |
| (a) SUBTOTAL of Itemized Independent Expendit   | tures                |                       | 63  | .50         |
| , , ,   |                      |                       | 7 7   | -           |
| (b) SUBTOTAL of Unitemized Independent Exper  | nditures             |                       | <b>&gt;</b>   | -           |
| (c) TOTAL Independent Expenditures  |                      |                       | ·   |             |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or | lidate or authorized |                       |   |             |
| Ms. Emily Buchanan Signature  | [Electron            | nically Filed] Date   | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |             |
| -   |                      |                       |   |             |

| Schedule E)                     |                                |                      | 1101120               |                       | PAGE 60 OF 97<br>FOR SE OF FORM 24/48   |
|---------------------------------|--------------------------------|----------------------|-----------------------|-----------------------|---|
| NAME OF COMMITTE                |                                |                      |                       |                       | FEC IDENTIFICATION NUMBER ▼   |
| Women Speak                     | Out PAC                        |                      |                       |                       | C C00530766   |
| Check if 24-hour                | report X 48-hour report        | New rep              | port Amends repo      | ort filed on          | M / D D / Y B Y B Y B Y   |
| Full Name of Paye Adam Rock     | ee                             |                      |                       |                       | of Public Distribution/Dissemination  |
| Mailing Address <sub>3</sub>    | <br>07 Farris Rd Apt 1         |                      |                       | Amou                  | 09 25 2014  |
|                                 |                                |                      |                       | /                     |   |
| City                            |                                | State                | Zip Code              |                       | 30.00   |
| Conway                          |                                | AR                   | 72034                 |                       | action ID : f98d4a24-ac65-452c-9 If Disbursement or Obligation                  |
| Purpose of Expend<br>Salary     | diture                         |                      | Category/<br>Type 001 | М                     | 09 25 / 2014  |
| Name of Federal (               | Candidate                      |                      | Support               | Office Sough          | t: House District: 00   |
| Ms. Kay Hagan                   |                                |                      | Oppose                | Preside               | ent Senate State: NC  |
| Calendar Year<br>Per Election f | r-To-Date<br>for Office Sought |                      | 330480.58             | Disbursemen 2014      | t For: Primary X General  |
| Full Name of Paye               | <u> </u>                       |                      |                       |                       | of Public Distribution/Dissemination  |
| Adam Rock                       |                                |                      |                       |                       | -M / D D / Y Y Y Y  |
| Mailing Address                 | 307 Farris Rd Apt 1            |                      |                       | <b>─</b>              | 09 25 2014  |
|                                 | 301 Fains Nu Apt 1             |                      |                       | Amou                  | nt  |
| City                            |                                | State                | Zip Code              |                       | 3.90  |
| Conway                          |                                | AR                   | 72034                 | <b>Transa</b><br>Date | ction ID : f1d91b3c-06ce-4110-8<br>of Disbursement or Obligation                |
| Purpose of Expend<br>Mileage    | diture                         |                      | Category/<br>Type 002 | N.                    | 09 25 2014  |
| Name of Federal (               | Candidate                      |                      | Support               | Office Sough          | t: House District: 00   |
| Ms. Kay Hagan                   |                                |                      | Oppose                | Preside               | ent Senate State: NC  |
| Calendar Yea<br>Per Election f  | r-To-Date<br>for Office Sought |                      | 330480.58             | Disbursemen<br>2014 O | t For:  |
| •                               |                                |                      |                       |                       |   |
| (a) SUBTOTAL of I               | Itemized Independent Expendi   | tures                |                       | · •                   | 33.90   |
| (b) SUBTOTAL of U               | Unitemized Independent Exper   | nditures             |                       | •                     |   |
| (c) TOTAL Indepen               | dent Expenditures              |                      |                       | · [                   | 7 1 7 1 7   |
| with, or at the reque           |                                | didate or authorized |                       |                       | ooperation, consultation, or concert<br>the reporting entity is not a political |
|                                 | nily Buchanan                  | [Electror            | nically Filed] Date   | 9 09 /                | 27 2014   |
| Signature                       |                                |                      |                       |                       |   |

| Schedule E)  | LIVI EXI LIVE        | TIONES                | PAGE 61 OF 97<br>FOR SE OF FORM 24/48  |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                      |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                      |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | New rep              | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Hope Benner  |                      |                       | 09 25 / 2014   |
| Mailing Address 2073 A Clover Ave                    |                      |                       | Amount   |
| City   | State                | Zip Code              | 20.00  |
| Springdale   | AR                   | 72764                 | Transaction ID: 3a4766d1-f750-4237-9 Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Salary                     |                      | Category/<br>Type 001 | 09 25 / 2014   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                      | Oppose                | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought | .,.,                 | 106363.73             | Disbursement For:  Primary  General  2014  Other (specify) ▶   |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Hope Benner  |                      |                       | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 2073 A Clover Ave                    |                      |                       | Amount   |
| City   | State                | Zip Code              | 1.50   |
| Springdale   | AR                   | 72764                 | Transaction ID : ca723c75-4317-4b51-a Date of Disbursement or Obligation                                   |
| Purpose of Expenditure Mileage                       |                      | Category/<br>Type 002 | 09 / 25 / Y 2014   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                      | Oppose                | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought | 7 7                  | 106363.73             | Disbursement For:  Primary  General 2014  General Other (specify) ▶  |
| (a) CURTOTAL of Itamized Independent Even            | dituro               |                       | 24.50  |
| (a) SUBTOTAL of Itemized Independent Expen           | allures              |                       | 21.50  |
| (b) SUBTOTAL of Unitemized Independent Exp           | enditures            |                       | •  |
| (c) TOTAL Independent Expenditures                   |                      |                       | · • · · · · · · · · · · · · · · · · · ·  |
|  | ndidate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron            | nically Filed] Date   | 09   |
| -  |                      |                       |  |

| Schedule E)  | LIVI EXI END         | HONES                 |                                       | AGE 62 OF 97<br>OR SE OF FORM 24/48         |
|--|----------------------|-----------------------|---------------------------------------|---|
| NAME OF COMMITTEE (In Full)  |                      |                       | FEC IDEN                              | ITIFICATION NUMBER ▼                        |
| Women Speak Out PAC  |                      |                       | C co                                  | 0530766                                     |
| Check if 24-hour report X 48-hour report   | X New rep            | oort Amends repo      | rt filed on                           | D = D / Y = Y = Y                           |
| Full Name of Payee   |                      |                       | Date of Public D                      | istribution/Dissemination                   |
| Brandy Starns  |                      |                       | 09                                    | 25 / 2014                                   |
| Mailing Address 300 Evangeline St  |                      |                       | Amount                                |   |
| City   | State                | Zip Code              |                                       | 55.00                                       |
| Monroe   | LA                   | 71201                 |                                       | a6d3f0ce-fb06-4381-9<br>ement or Obligation |
| Purpose of Expenditure<br>Salary   |                      | Category/<br>Type 001 | 09                                    | 25 / 2014                                   |
| Name of Federal Candidate  |                      | Support               | Office Sought:                        | House District: 00                          |
| Ms. Mary L Landrieu  |                      | X Oppose              | President X                           | Senate State: LA                            |
| Calendar Year-To-Date Per Election for Office Sought   | , , ,                | 128218.85             | Disbursement For:  2014  Other (speci | Primary                                     |
| Full Name of Payee   |                      |                       | Date of Public D                      | Distribution/Dissemination                  |
| Brandy Starns  |                      |                       | 09                                    | 25 / 2014                                   |
| Mailing Address 300 Evangeline St  |                      |                       | Amount                                |   |
| City   | State                | Zip Code              |                                       | 6.60  |
| Monroe   | LA                   | 71201                 |                                       | cfdbb87d-cd91-40e5-a<br>ement or Obligation |
| Purpose of Expenditure<br>Mileage  |                      | Category/<br>Type 002 | 09                                    | 25 / 2014                                   |
| Name of Federal Candidate  |                      | Support               | Office Sought:                        | House District: 00                          |
| Ms. Mary L Landrieu  |                      | Oppose                | President X                           | Senate State: LA                            |
| Calendar Year-To-Date Per Election for Office Sought   |                      | 128218.85             | Disbursement For: 2014 Other (spec    | Primary X General                           |
| (a) SUBTOTAL of Itemized Independent Expend  | itures               |                       |                                       | 61.60                                       |
|  |                      |                       | 7                                     | 4   |
| (b) SUBTOTAL of Unitemized Independent Expe  | nditures             |                       | <b>&gt;</b>                           | 42  |
| (c) TOTAL Independent Expenditures   |                      |                       | <b>•</b>                              |   |
| Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized |                       |                                       |   |
| Ms. Emily Buchanan Signature   | [Electron            | nically Filed] Date   | 09 / 27                               | 2014  |
| <b>V</b>   |                      |                       |                                       |   |

| Sc  | chedule E)   | PAGE 63 OF 97<br>FOR SE OF FORM 24/48   |
|-----|--|---|
|     | ME OF COMMITTEE (In Full)  | FEC IDENTIFICATION NUMBER ▼   |
| W   | Vomen Speak Out PAC  | C C00530766   |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed  | on M = M / D = D / Y = Y = Y  |
| 7   | Full Name of Payee   | Date of Public Distribution/Dissemination                                       |
|     | Lee R Carter   | 09 25 2014  |
|     | Mailing Address 3110 Brentwood Rd  | Amount  |
|     | City State Zip Code  | 35.00   |
|     | Raleigh NC 27604   | Transaction ID: c3e6dedb-e12a-4ff1-9 Date of Disbursement or Obligation         |
|     | Purpose of Expenditure Salary  Category/ Type 001  | 09 25 / 2014  |
| Ì   | Name of Federal Candidate Support Office   | e Sought: House District: 00  |
|     | Ms. Kay Hagan  | President Senate State: NC  |
|     | Calendar Year-To-Date Per Election for Office Sought  Disbut 2014  | rsement For: Primary  |
| Ì   | Full Name of Payee   | Date of Public Distribution/Dissemination                                       |
|     | Lee R Carter   | M M / D D / Y Y Y Y   |
| Ì   | Mailing Address 3110 Brentwood Rd  | 09 25 2014  |
|     | Mailing Address 3110 Brentwood Rd  | Amount  |
|     | City State Zip Code  | 13.20   |
|     |  | <b>Transaction ID : 5905fbf8-a6eb-46da-8</b> Date of Disbursement or Obligation |
|     | Purpose of Expenditure Mileage  Category/ Type  002  | 09 / 25 / Y Y Y Y Y   |
|     | Name of Federal Candidate Support Office   | e Sought: House District: 00  |
|     | Ms. Kay Hagan Oppose   | President Senate State: NC  |
|     | Calendar Year-To-Date Per Election for Office Sought  Disbu 2014   | ursement For: Primary X General  Other (specify) ▶                              |
|     |  |   |
|     | (a) SUBTOTAL of Itemized Independent Expenditures  | 48.20   |
| (   | (b) SUBTOTAL of Unitemized Independent Expenditures  |   |
| (   | (c) TOTAL Independent Expenditures   |   |
| ١   | Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. |   |
|     | Ms. Emily Buchanan [Electronically Filed] Date 05  | 9 27 2014   |
|     | Signature  |   |

| Schedule E)  | INI EXI END          | ITOTILO               | <b>—</b>                          | PAGE 64 OF 97<br>FOR SE OF FORM 24/48            |
|--|----------------------|-----------------------|-----------------------------------|--|
| NAME OF COMMITTEE (In Full)  |                      |                       | FEC IDE                           | ENTIFICATION NUMBER ▼                            |
| Women Speak Out PAC  |                      |                       | C                                 | 00530766   |
| Check if 24-hour report X 48-hour report   | New rep              | ort Amends repo       | rt filed on                       | D = D / Y = Y = Y                                |
| Full Name of Payee<br>Michael A Toomey   |                      |                       | M = M /                           | Distribution/Dissemination                       |
| Mailing Address 4120 Bon Aire Dr Apt 6307  |                      |                       | 09<br>Amount                      | 25 2014  |
| City   | State                | Zip Code              |                                   | 45.00  |
| Monroe   | LA                   | 71212                 | I                                 | 2 : 4b86f620-4f08-4a7a-8<br>sement or Obligation |
| Purpose of Expenditure<br>Salary   |                      | Category/<br>Type 001 | 09                                | 25 / 2014  |
| Name of Federal Candidate  |                      | Support               | Office Sought:                    | House District: 00                               |
| Ms. Mary L Landrieu  |                      | X Oppose              | President X                       | Senate State: LA                                 |
| Calendar Year-To-Date Per Election for Office Sought   | -,,                  | 128218.85             | Disbursement For: 2014 Other (spe | Primary  |
| Full Name of Payee Michael A Toomey  |                      |                       | Date of Public                    | Distribution/Dissemination                       |
| Na:Upar Address  |                      |                       | 09                                | 25 / 2014  |
| Mailing Address 4120 Bon Aire Dr Apt 6307  |                      |                       | Amount                            |  |
| City   | State                | Zip Code              |                                   | 4.50   |
| Monroe   | LA                   | 71212                 |                                   | : 362d44c0-c727-4112-9<br>sement or Obligation   |
| Purpose of Expenditure<br>Mileage  |                      | Category/<br>Type 002 | 09                                | 25 / 2014  |
| Name of Federal Candidate  |                      | Support               | Office Sought:                    | House District:00                                |
| Ms. Mary L Landrieu  |                      | X Oppose              | President X                       | Senate State: LA                                 |
| Calendar Year-To-Date Per Election for Office Sought   | - T                  | 128218.85             | Disbursement For: 2014 Other (spe | Primary  |
| (a) SUBTOTAL of Itemized Independent Expendi   | tures                |                       |                                   | 49.50  |
| (b) SUBTOTAL of Unitemized Independent Exper   | nditures             |                       | •                                 |  |
|  |                      |                       | 4                                 | 4  |
| (c) TOTAL Independent Expenditures   |                      |                       | <b>)</b>                          |  |
| Under penalty of perjury I certify that the indepe<br>with, or at the request or suggestion of, any can<br>party committee) any political party committee or | lidate or authorized |                       |                                   |  |
| Ms. Emily Buchanan Signature   | [Electron            | ically Filed] Date    | 09 / 27                           | 2014   |
| Signature  |                      |                       |                                   |  |

| Schedule E)   | L/(1 L. ( L. ) |                       |                             | PAGE 65 OF 97<br>FOR SE OF FORM 24/48                       |
|---|----------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full)   |                |                       | FI                          | EC IDENTIFICATION NUMBER ▼                                  |
| Women Speak Out PAC   |                |                       |                             | C C00530766   |
| Check if 24-hour report X 48-hour report  | New repo       | ort Amends repo       | rt filed on                 | M / D = D / Y = Y = Y                                       |
| Full Name of Payee Mary C Lee   |                |                       | Date of                     | Public Distribution/Dissemination                           |
| Mailing Address 1030 N Coolidge Ave   |                |                       | Amount                      |   |
|   |                |                       |                             |   |
| City S<br>Gonzales  | State<br>LA    | Zip Code<br>70737     |                             | 55.00<br>tion ID : cc7f90f6-b8f3-412b-9                     |
| Purpose of Expenditure<br>Salary  |                | Category/<br>Type 001 | Date of 09                  |   |
| Name of Federal Candidate   |                | Support               | Office Sought:              | House District: 00  |
| Ms. Mary L Landrieu   |                | X Oppose              | President                   |   |
| Calendar Year-To-Date Per Election for Office Sought  | 1              | 128218.85             | Disbursement F<br>2014 Othe | For: Primary  |
| Full Name of Payee Mary C Lee   |                |                       | М                           |   |
| Mailing Address 1030 N Coolidge Ave   |                |                       | Amount                      | لسندا لنا ك   |
| City  | State          | Zip Code              | -                           | 10.50   |
| Gonzales  | LA             | 70737                 | Transact<br>Date of         | ion ID : fd5da6a6-e349-4e7e-8<br>Disbursement or Obligation |
| Purpose of Expenditure Mileage  |                | Category/<br>Type 002 | 09                          | 9 25 / 2014   |
| Name of Federal Candidate   |                | Support               | Office Sought:              | House District: 00  |
| Ms. Mary L Landrieu   |                | Oppose                | President                   | t Senate State: LA  |
| Calendar Year-To-Date Per Election for Office Sought  |                | 128218.85             | Disbursement F 2014 Other   | For: Primary  |
| (a) SUBTOTAL of Itemized Independent Expenditures   |                |                       | · []                        | 65.50   |
| (b) SUBTOTAL of Unitemized Independent Expenditure  | əs             |                       | •                           |   |
| (c) TOTAL Independent Expenditures  |                |                       | •                           | 7 1 7 1 0   |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr | or authorized  |                       |                             |   |
| Ms. Emily Buchanan  | [Electron      | ically Filed] Date    |                             | 27 2014   |
| Signature   |                |                       |                             |   |

| Schedule E)  | IVI EXI END        | ITOTILO               |  | AGE 66 OF 97<br>OR SE OF FORM 24/48         |
|--|--------------------|-----------------------|--|---|
| NAME OF COMMITTEE (In Full)  |                    |                       | FEC IDEN                                   | ITIFICATION NUMBER ▼                        |
| Women Speak Out PAC  |                    |                       | C C00                                      | 0530766                                     |
| Check if 24-hour report X 48-hour report   | New rep            | ort Amends repo       | rt filed on                                | D = D / Y = Y = Y                           |
| Full Name of Payee<br>Kenny Wallis   |                    |                       |  | istribution/Dissemination                   |
| Mailing Address 6412 Osage Dr  |                    |                       | 09   | 25 2014                                     |
|  |                    |                       | Amount                                     |   |
| City   | State              | Zip Code              |  | 20.00                                       |
| North Little rock  | AR                 | 72116                 |  | a7d7f790-e72b-446f-8<br>ement or Obligation |
| Purpose of Expenditure<br>Salary   |                    | Category/<br>Type 001 |  | 25 2014                                     |
| Name of Federal Candidate  |                    | Support               | Office Sought:                             | House District: 00                          |
| Mr. Mark L Pryor   |                    | X Oppose              |  | Senate State: AR                            |
| Calendar Year-To-Date Per Election for Office Sought   | 7                  | 106363.73             | Disbursement For:  2014  Other (specified) | Primary                                     |
| Full Name of Payee<br>Kenny Wallis   |                    |                       | Date of Public D                           | histribution/Dissemination                  |
|  |                    |                       | 09 /                                       | 25 2014                                     |
| Mailing Address 6412 Osage Dr  |                    |                       | Amount                                     |   |
| City   | State              | Zip Code              |  | 9.84  |
| North Little rock  | AR                 | 72116                 |  | 2327ae06-7865-45c3-8<br>ement or Obligation |
| Purpose of Expenditure Mileage   |                    | Category/<br>Type 002 | 09   | 25 / 2014                                   |
| Name of Federal Candidate  |                    | Support               | Office Sought:                             | House District: 00                          |
| Mr. Mark L Pryor   |                    | Oppose                | President X                                | Senate State: AR                            |
| Calendar Year-To-Date Per Election for Office Sought   | 7 7                | 106363.73             | Disbursement For: 2014 Other (speci        | Primary X General                           |
| (a) SUBTOTAL of Itemized Independent Expenditu   | ıres               |                       |  | 29.84                                       |
|  |                    |                       | 4  | 7 7   |
| (b) SUBTOTAL of Unitemized Independent Expen   | ditures            |                       | <b>)</b>                                   | 7   |
| (c) TOTAL Independent Expenditures   |                    |                       | <b>•</b>                                   | 7-1-2                                       |
| Under penalty of perjury I certify that the indepen<br>with, or at the request or suggestion of, any candi<br>party committee) any political party committee or it | date or authorized |                       |  |   |
| Ms. Emily Buchanan Signature   | [Electron          | ically Filed] Date    | 09 27                                      | 2014  |
| Olynatul <del>e</del>  |                    |                       |  |   |

| Schedule E)   | PAGE 67 OF 97<br>FOR SE OF FORM 24/48                                    |
|---|--|
| NAME OF COMMITTEE (In Full)   | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC   | C C00530766  |
| Check if 24-hour report X 48-hour report New report Amends report   | filed on Man / Dan / Yayayay   |
| Full Name of Payee Hannah J Landry  | Date of Public Distribution/Dissemination                                |
| Mailing Address 1110 N Coolidge   | 09   |
| City State Zip Code   | 62.50  |
| Gonzales LA 70737   | Transaction ID : ae8101a4-4524-4e19-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary  Category/ Type  001  | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| Name of Federal Candidate Support   | Office Sought: House District: 00  |
| Ms. Mary L Landrieu Oppose  | President Senate State: LA   |
| Odichadi fodi fo Dato   | Disbursement For:  Primary   |
| Full Name of Payee Hannah J Landry  | Date of Public Distribution/Dissemination                                |
| Mailing Address 1110 N Coolidge   | 09 25 2014<br>Amount   |
| City State Zip Code   | 10.74  |
| Gonzales LA 70737   | Transaction ID : 27952a43-0f82-4080-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage  Category/ Type  002   | 09 / 25 / 2014   |
| Name of Federal Candidate Support   | Office Sought: House District: 00  |
| Ms. Mary L Landrieu Oppose  | President Senate State: LA   |
|   | Disbursement For:  Primary   |
| (a) SUBTOTAL of Itemized Independent Expenditures   | 73.24  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures  | <b>&gt;</b>  |
| Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent. |  |
| Ms. Emily Buchanan [Electronically Filed] Date  | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| Signature   |  |

| Schedule E)  | DEITI EXI EITE        | TIONES                | PAGE 68 OF 97<br>FOR SE OF FORM 24/48  |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                       |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                       |                       | C C00530766  |
| Check if 24-hour report X 48-hour repor              | t New rep             | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                       |                       | Date of Public Distribution/Dissemination  |
| Lisa Booth   |                       |                       | 09 / 25 / 2014   |
| Mailing Address 1434 South Avenue                    |                       |                       | Amount   |
| City   | State                 | Zip Code              | 65.00  |
| Eden   | NC                    | 27288                 | Transaction ID: 69e634cd-ede5-47d0-8 Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Salary                     |                       | Category/<br>Type 001 | 09 25 / 2014   |
| Name of Federal Candidate                            |                       | Support               | Office Sought: House District:00   |
| Ms. Kay Hagan  |                       | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                       | 330480.58             | Disbursement For:  |
| Full Name of Payee                                   | <u> </u>              |                       | Date of Public Distribution/Dissemination  |
| Lisa Booth   |                       |                       | 09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Mailing Address 1434 South Avenue                    |                       |                       | Amount   |
| City   | State                 | Zip Code              | 15.00  |
| Eden   | NC                    | 27288                 | Transaction ID: 1dca92cb-7416-43e9-8 Date of Disbursement or Obligation                                    |
| Purpose of Expenditure Mileage                       |                       | Category/<br>Type 002 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                       | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                       | Oppose                | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                       | 330480.58             | Disbursement For:  Primary  General  2014  General  Other (specify) ▶                                      |
| (a) SUBTOTAL of Itemized Independent Exper           | nditures              |                       | 80.00  |
|  |                       |                       |  |
| (b) SUBTOTAL of Unitemized Independent Ex            | penditures            |                       | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures                   |                       |                       | <b>•</b>   |
|  | andidate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron             | nically Filed] Date   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| - 9  |                       |                       |  |

| Schedule E)            |   | IDENT EXTEND            |                       |                      | PAGE 69 OF 97<br>FOR SE OF FORM 24/48   |
|------------------------|---|-------------------------|-----------------------|----------------------|---|
| NAME OF COMM           |   |                         |                       |                      | FEC IDENTIFICATION NUMBER ▼   |
| Women Sp               | eak Out PAC                               |                         |                       |                      | C C00530766   |
| Check if 24-           | hour report X 48-hour repo                | ort New repo            | ort Amends repo       | ort filed on         | M / D D / Y Y Y Y Y   |
| Full Name of           | Davida                                    |                         |                       | Date                 | of Public Distribution/Dissemination  |
| ERIC TA                | BARY                                      |                         |                       | М                    | 09 25 2014  |
| Mailing Addre          | ess 6101 NORA ST                          |                         |                       | Amour                | nt  |
| City                   |   | State                   | Zip Code              |                      | 80.00   |
| METAIRIE               |   | LA                      | 70003                 |                      | action ID : 7ae5f4e3-e145-4e26-8 of Disbursement or Obligation                  |
| Purpose of E<br>Salary | xpenditure                                |                         | Category/<br>Type 001 | M                    | 09 25 / 2014  |
| Name of Fed            | eral Candidate                            |                         | Support               | Office Sought        | t: House District: 00   |
| Ms. Mary L L           | andrieu                                   |                         | X Oppose              | Preside              |   |
|                        | r Year-To-Date<br>tion for Office Sought  | 1                       | 28218.85              | Disbursement 2014 Ot | reference : For: Primary  |
| Full Name of           |   |                         |                       | Date of              | of Public Distribution/Dissemination  |
| Brittinie w            | / Campbell                                |                         |                       | М                    | 09 25 2014  |
| Mailing Addre          | ess 5828 Rena Road                        |                         |                       | Amou                 |   |
|                        |   |                         |                       | Amoui                | nt  |
| City                   |   | State                   | Zip Code              |                      | 20.00   |
| Hamptonville           |   | NC                      | 27020                 |                      | ction ID: 677bd22a-d977-45ba-b<br>f Disbursement or Obligation                  |
| Purpose of E<br>Salary | xpenaiture                                |                         | Category/<br>Type 001 | М                    | 09 / 25 / Y 2014  |
| Name of Fed            | leral Candidate                           |                         | Support               | Office Sough         | t: House District: 00   |
| Ms. Kay Hag            | an  |                         | X Oppose              | Preside              | ent Senate State: NC  |
|                        | r Year-To-Date<br>ction for Office Sought |                         | 330480.58             | Disbursemen 2014 O   | t For: Primary X General ther (specify) ▶                                       |
|                        |   |                         |                       |                      |   |
| (a) SUBTOTA            | L of Itemized Independent Exp             | enditures               |                       | <b>&gt;</b>          | 100.00  |
| (b) SUBTOTA            | L of Unitemized Independent E             | xpenditures             |                       | · •                  | 1 7 1 1 7 1 1 7 1   |
| (c) TOTAL Inc          | dependent Expenditures                    |                         |                       | · [                  |   |
| with, or at the        |   | candidate or authorized |                       |                      | ooperation, consultation, or concert<br>the reporting entity is not a political |
| <i>N</i>               | Is. Emily Buchanan                        | [Electron               | ically Filed] Date    | 9 09                 | 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Signature              |   |                         | _                     |                      |   |

| Schedule E)   |                        | PAGE 70 OF 97<br>FOR SE OF FORM 24/48                                 |
|---|------------------------|---|
| NAME OF COMMITTEE (In Full)   |                        | FEC IDENTIFICATION NUMBER ▼   |
| Women Speak Out PAC   |                        | C C00530766   |
| Check if 24-hour report X 48-hour report New report   | Amends report filed on | M = M / D = D / Y = Y = Y   |
| Full Name of Payee  | Dat                    | te of Public Distribution/Dissemination                               |
| Brittnie W Campbell   |                        | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Mailing Address 5828 Rena Road  | Am                     | ount  |
| City State Zip  | Code                   | 5.40  |
| Hamptonville NC 270   | 20 Tra                 | insaction ID: 9b29f809-f41c-4468-9 te of Disbursement or Obligation   |
| Purpose of Expenditure Mileage  Ca  | tegory/<br>Type 002    | 09 25 2014  |
| Name of Federal Candidate   | Support Office Sou     | ight: House District: 00  |
| Ms. Kay Hagan   |                        | sident State: NC  |
| Calendar Year-To-Date Per Election for Office Sought 33048  | Disbursem 2014         | nent For:  Primary  |
| Full Name of Payee  | Da                     | te of Public Distribution/Dissemination                               |
| Kirsten E McKinney  |                        | 09 25 2014  |
| Mailing Address 1419 S Highbush Ave   |                        |   |
|   | Am                     | nount   |
| City State Zip  | Code                   | 25.00   |
| Fayetteville AR 727   |                        | nsaction ID: f71fabcb-1023-42f9-8<br>te of Disbursement or Obligation |
| Purpose of Expenditure Salary  Ca   | tegory/<br>Type 001    | 09 / 25 / Y Y Y Y Y Y   |
| Name of Federal Candidate   | Support Office Sou     | ught: House District: 00  |
| Mr. Mark L Pryor  | ∑ Oppose               | sident Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought  | Disbursem 2014         | nent For:   |
|   |                        |   |
| (a) SUBTOTAL of Itemized Independent Expenditures   | ······                 | 30.40   |
| (b) SUBTOTAL of Unitemized Independent Expenditures   | ······                 |   |
| (c) TOTAL Independent Expenditures  | ······                 |   |
| Under penalty of perjury I certify that the independent expenditures repo<br>with, or at the request or suggestion of, any candidate or authorized com-<br>party committee) any political party committee or its agent. |                        |   |
| Ms. Emily Buchanan [Electronically  | Filed] Date 09         | 27 2014   |
| Signature   |                        |   |

| Schedule E)  | PAGE 71 OF 97<br>FOR SE OF FORM 24/48                                    |
|--|--|
| NAME OF COMMITTEE (In Full)  | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC  | C C00530766  |
| Check if 24-hour report X 48-hour report New report Amends report filed o  | n M = M / D = D / Y = Y = Y  |
| Full Name of Payee Kirsten E McKinney  | Date of Public Distribution/Dissemination                                |
| Mailing Address 1419 S Highbush Ave  | 09 25 7 2014   |
|  | Amount   |
| City State Zip Code  | 8.40   |
| 1  | Transaction ID : 99fece3b-a469-4a4e-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage  Category/ Type  002  | 09 / 05 / 4 2014   |
| Name of Federal Candidate Support Office S   | Sought: House District: 00   |
| Mr. Mark I. Prvor  | President State: AR State:   |
| Calendar Year-To-Date Per Election for Office Sought  Disburs 2014   | sement For: Primary X General  Other (specify) ▶                         |
|  | Date of Public Distribution/Dissemination                                |
| Vonniqua Jackson   | 09 25 2014   |
| Mailing Address 111 Westchester Blvd   |  |
| Apt D4   | Amount   |
| City State Zip Code  | 43.00  |
|  | ransaction ID: e90e54b1-62e1-43dc-8 Date of Disbursement or Obligation   |
| Purpose of Expenditure Salary  Category/ Type  001   | 09 / 25 / Y 2014   |
| Name of Federal Candidate Support Office 9   | Sought: House District: 00   |
| Ms. Mary L Landrieu Oppose   | President State: LA State:   |
| Calendar Year-To-Date Per Election for Office Sought  Disburs 2014   | sement For:  |
| ·  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures  | 51.40  |
| (b) SUBTOTAL of Unitemized Independent Expenditures  |  |
| (c) TOTAL Independent Expenditures   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. |  |
| Ms. Emily Buchanan [Electronically Filed] Date 09  | M / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Signature  |  |

| Schedu         | le E)   | 1 <b>L</b> /(1 L(12. | 1101120               |                       | PAGE 72 OF 97<br>FOR SE OF FORM 24/48                        |
|----------------|---|----------------------|-----------------------|-----------------------|--|
|                | COMMITTEE (In Full)   |                      |                       | F                     | EC IDENTIFICATION NUMBER ▼                                   |
| Wome           | n Speak Out PAC   |                      |                       | [                     | C C00530766  |
| Check if       | 24-hour report X 48-hour report   | New repo             | ort Amends repo       | ort filed on          | M / D = D / Y = Y = Y  |
|                | ame of Payee<br>Id Ellis  |                      |                       | Date of               | Public Distribution/Dissemination                            |
| Mailing        | g Address P.O. Box 712  |                      |                       | Amount                | 9 25 2014  |
| City           |   | State                | Zip Code              |                       | 80.00  |
| City<br>Alexa  | nder  | State<br>AR          | 72002                 |                       | ction ID : 9a06277d-ed8c-4f38-8 Disbursement or Obligation   |
| Purpos         | se of Expenditure<br>y  |                      | Category/<br>Type 001 | M                     |  |
| Name           | of Federal Candidate  |                      | Support               | Office Sought:        | House District: 00   |
| Mr. M          | ark L Pryor   |                      | X Oppose              | Presiden              |  |
|                | Calendar Year-To-Date<br>Per Election for Office Sought   | 1                    | 106363.73             | Disbursement 2014 Oth | For: Primary   |
|                | ame of Payee<br>d Ellis   |                      |                       | М                     | Public Distribution/Dissemination                            |
| Mailin         | g Address P.O. Box 712  |                      |                       | Amount                |  |
| City           |   | State                | Zip Code              |                       | 28.50  |
| Alexa          |   | AR                   | 72002                 |                       | tion ID : d2af7860-6a38-45bf-9<br>Disbursement or Obligation |
| Purpo<br>Milea | se of Expenditure<br>ge   |                      | Category/<br>Type 002 |                       | 9 25 / 2014  |
| Name           | of Federal Candidate  |                      | Support               | Office Sought:        | House District:00  |
| Mr. M          | lark L Pryor  |                      | X Oppose              | Presider              |  |
|                | Calendar Year-To-Date Per Election for Office Sought  | <u></u>              | 106363.73             | Disbursement 2014 Oth | For: Primary X General ner (specify) ▶                       |
| (a) SU         | BTOTAL of Itemized Independent Expenditure  | <del>)</del> S       |                       | · []                  | 108.50   |
| (b) SUI        | BTOTAL of Unitemized Independent Expendit   | ures                 |                       | · •                   | 7 1 7 1 7  |
| (c) TO         | TAL Independent Expenditures  |                      |                       | · [                   | 7 7 7  |
| with, or       | penalty of perjury I certify that the independe<br>at the request or suggestion of, any candida<br>ommittee) any political party committee or its | ate or authorized    |                       |                       |  |
|                | Ms. Emily Buchanan  | [Electron            | cically Filed] Date   |                       | 27 2014  |
| Sign           | nature  |                      |                       |                       |  |

| Sche  | dule E)   | EXI EIID         | TOTILO            |          |                       |                    | PAGE 73 OF 97<br>FOR SE OF FORM 24/48              |
|-------|---|------------------|-------------------|----------|-----------------------|--------------------|--|
|       | OF COMMITTEE (In Full)  |                  |                   |          |                       | FEC ID             | ENTIFICATION NUMBER ▼                              |
| Won   | nen Speak Out PAC   |                  |                   |          |                       |                    | C00530766  |
| Check | if 24-hour report X 48-hour report  | New repo         | ort Ameno         | ds repor | t filed on            | _ M /              | D = D / Y = Y = Y                                  |
|       | I Name of Payee<br>tephanie L Heun  |                  |                   |          |                       | _ M /              | Distribution/Dissemination                         |
| Ма    | iling Address 8026 S Wilwood Dr Apt 101   |                  |                   |          | Amou                  | 09<br>nt           | 25 2014  |
| City  | W.  | State            | Zip Code          |          |                       |                    | 32.30  |
|       | y<br>ak Creek   | WI               | 53154             |          |                       |                    | D: 1a3fb7b0-dd2a-4eb4-a rsement or Obligation      |
|       | rpose of Expenditure<br>alary   |                  | Category/<br>Type | 001      |                       | 09                 | 25 / Y Y Y Y Y Y Y                                 |
| Nai   | me of Federal Candidate   |                  | Sup               | port     | Office Sough          | t:                 | House District: 00                                 |
| Mr    | . Mark L Pryor  |                  | У Орр             |          | Preside               | _                  | Senate State: AR                                   |
|       | Calendar Year-To-Date Per Election for Office Sought  | 1                | 106363.73         |          | Disbursemen 2014 O    | t For:<br>ther (sp | Primary  |
|       | Name of Payee<br>Clarissa Smith   |                  |                   |          |                       | - M /              | Distribution/Dissemination                         |
| Ma    | niling Address HU 10233 915 E Mancet Ave  |                  |                   |          | Amou                  | 09<br>nt           | 25 2014  |
| Cit   | v   | State            | Zip Code          |          |                       |                    | 50.00  |
| Se    | earcy   | AR               | 72149             |          | Transa<br>Date        | ction ID           | 0 : 6d0a8c98-4077-4c5b-8<br>ursement or Obligation |
|       | rpose of Expenditure<br>alary   |                  | Category/<br>Type | 001      | N                     | 09                 | 25 / 2014  |
| Na    | me of Federal Candidate   |                  | Sup               | port     | Office Sough          | t:                 | House District: 00                                 |
| Mr    | r. Mark L Pryor   |                  | X Opp             | ose      | Preside               | ,                  | Senate State: AR                                   |
|       | Calendar Year-To-Date Per Election for Office Sought  | , ,              | 106363.73         |          | Disbursemen<br>2014 O |                    | Primary X General ecify) ►                         |
| (a)   | SUBTOTAL of Itemized Independent Expenditures   | 3                |                   |          | · [                   | - 7                | 82.30  |
| (b)   | SUBTOTAL of Unitemized Independent Expenditu  | ires             |                   |          | · [                   | -7-                | 1 1/9 1 1/25                                       |
| (c)   | TOTAL Independent Expenditures  |                  |                   |          | · [                   | 1-3-               |  |
| with, | er penalty of perjury I certify that the independen<br>, or at the request or suggestion of, any candidate<br>y committee) any political party committee or its a | te or authorized |                   |          |                       |                    |  |
| _     | Ms. Emily Buchanan  | [Electron        | ically Filed]     | Date     | 09 /                  | 27                 | 2014   |
| S     | Signature   |                  |                   |          |                       |                    |  |

| Sch  | nedule E)   | EXI EIIDI     | TOTILO                |                         | PAGE 74 OF 97<br>FOR SE OF FORM 24/48                          |
|------|---|---------------|-----------------------|-------------------------|--|
|      | IE OF COMMITTEE (In Full)   |               |                       |                         | FEC IDENTIFICATION NUMBER ▼                                    |
| W    | omen Speak Out PAC  |               |                       |                         | C C00530766  |
| Chec | ck if 24-hour report X 48-hour report   | New repo      | ort Amends repo       | ort filed on            | M / D D / Y Y Y Y Y  |
|      |   |               |                       |                         |  |
|      | Full Name of Payee<br>Clarissa Smith  |               |                       | М                       | f Public Distribution/Dissemination  9 25 2014                 |
|      | Mailing Address HU 10233 915 E Mancet Ave   |               |                       | Amour                   | nt   |
| (    | Dity  | State         | Zip Code              |                         | 31.50  |
|      | Searcy  | AR            | 72149                 |                         | action ID : 6c372e46-db93-4574-9 If Disbursement or Obligation |
|      | Purpose of Expenditure<br>Mileage   |               | Category/<br>Type 002 |                         | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| Ī    | Name of Federal Candidate   |               | Support               | Office Sought           | : House District:00  |
|      | Mr. Mark L Pryor  |               | X Oppose              | Preside                 | nt Senate State: AR  |
|      | Calendar Year-To-Date Per Election for Office Sought  | 1             | 06363.73              | Disbursement<br>2014 Ot | For: Primary X General her (specify) ▶                         |
|      | Full Name of Payee Ashley n Thompson  Mailing Address 272 Westgate Ct Apt 6   |               |                       | M                       | of Public Distribution/Dissemination  09                       |
| -    | City  | State         | Zip Code              |                         | 33.00  |
|      | Lexington   | NC            | 27295                 |                         | ction ID : f5c3fc75-5735-4438-a of Disbursement or Obligation  |
|      | Purpose of Expenditure<br>Salary  |               | Category/<br>Type 001 | М                       | 09 25 / 2014   |
|      | Name of Federal Candidate   |               | Support               | Office Sough            | t: House District: 00  |
|      | Ms. Kay Hagan   |               | X Oppose              | Preside                 |  |
|      | Calendar Year-To-Date Per Election for Office Sought  |               | 330480.58             | Disbursement 2014 Of    | t For: Primary X General                                       |
| (a   | a) SUBTOTAL of Itemized Independent Expenditures.   |               |                       | •                       | 64.50  |
| (k   | o) SUBTOTAL of Unitemized Independent Expenditure   | es            |                       | •                       | 7 1 7 1 7 1  |
| (0   | e) TOTAL Independent Expenditures   |               |                       | •                       |  |
| W    | nder penalty of perjury I certify that the independent<br>ith, or at the request or suggestion of, any candidate<br>arty committee) any political party committee or its ag | or authorized |                       |                         |  |
|      | Ms. Emily Buchanan  | [Electroni    | cally Filed] Date     | 09                      | 27 2014  |
|      | Signature   |               |                       |                         |  |

| Schedule E)   | DEI ENDENT EXI END                | TOTILO                |                                   | PAGE 75 OF 97<br>FOR SE OF FORM 24/48  |
|---|-----------------------------------|-----------------------|-----------------------------------|--|
| NAME OF COMMITTEE (In Full)   |                                   |                       | FEC ID                            | ENTIFICATION NUMBER ▼  |
| Women Speak Out PAC   |                                   |                       | С                                 | C00530766  |
| Check if 24-hour report X 48  | Hour report New report            | ort Amends repo       | rt filed on                       | D = D / Y = Y = Y  |
| Full Name of Payee<br>Randy G Lookabill   |                                   |                       | M = M /                           | Distribution/Dissemination   |
| Mailing Address 200 Carawood La   | ane                               |                       | Amount                            | 25 2014  |
| City  | State                             | Zip Code              |                                   | 63.00  |
| Lexington   | NC                                | 27295                 |                                   | D: d91117b2-3666-47b8-b rsement or Obligation  |
| Purpose of Expenditure<br>Salary  |                                   | Category/<br>Type 001 | 09                                | 25 / 2014  |
| Name of Federal Candidate   |                                   | Support               | Office Sought:                    | House District: 00   |
| Ms. Kay Hagan   |                                   | X Oppose              |                                   | Senate State: NC   |
| Calendar Year-To-Date<br>Per Election for Office Sough  | t 3                               | 330480.58             | Disbursement For: 2014 Other (sp. | Primary  |
| Full Name of Payee Randy G Lookabill  Mailing Address 200 Carawood  | lane                              |                       | Date of Public                    | Distribution/Dissemination  25  25  2014   |
| 200 Garawood  |                                   |                       | Amount                            |  |
| City<br>Lexington   | State<br>NC                       | Zip Code<br>27295     |                                   | 25.20<br><b>25.20</b><br><b>25.20</b><br><b>25.20</b><br><b>25.20</b><br><b>25.20</b><br><b>25.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20</b><br><b>26.20<br/><b>26.20</b><br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/><b>26.20<br/><b>26.20</b><br/></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b></b> |
| Purpose of Expenditure<br>Mileage   |                                   | Category/<br>Type 002 | 09 /                              | 25 / Y 2014  |
| Name of Federal Candidate   |                                   | Support               | Office Sought:                    | House District:00  |
| Ms. Kay Hagan   |                                   | Oppose                | President >                       | Senate State: NC   |
| Calendar Year-To-Date<br>Per Election for Office Sough  | ıt                                | 330480.58             | Disbursement For: 2014 Other (sp  | Primary X General  |
| (a) SUBTOTAL of Itemized Indepe   | ndent Expenditures                |                       | <b>•</b>                          | 88.20  |
| (b) SUBTOTAL of Unitemized Inde   | pendent Expenditures              |                       | . >                               | 49   |
| (c) TOTAL Independent Expenditure   | es                                |                       | <b>•</b>                          |  |
| Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party | n of, any candidate or authorized |                       |                                   |  |
| Ms. Emily Buchanan  | [Electron                         | ically Filed] Date    | 09 / 27                           | 2014   |
| Signature   |                                   |                       |                                   |  |

| Sch | nedule E)  | LIVE     | 1101120              |                    | PAGE 76 OF 97 FOR SE OF FORM 24/48                                       |
|-----|--|----------|----------------------|--------------------|--|
|     | ME OF COMMITTEE (In Full)  |          |                      |                    | FEC IDENTIFICATION NUMBER ▼  |
| W   | omen Speak Out PAC   |          |                      |                    | C C00530766  |
| Che | ck if 24-hour report X 48-hour report N  | New repo | port Amends re       | eport filed        | on M M / D D / Y Y Y Y Y   |
| Ţ   | Full Name of Payee Timothy Foley   |          |                      |                    | Date of Public Distribution/Dissemination                                |
|     | Mailing Address 20679 Glenbrook Terrace  |          |                      |                    | 09 25 2014<br>Amount   |
| -   | City State   |          | Zip Code             |                    | 60.00  |
| - 1 | Sterling VA  |          | 20165                |                    | Transaction ID : b148374e-a4a4-45c0-b Date of Disbursement or Obligation |
|     | Purpose of Expenditure<br>Salary   |          | Category/<br>Type 00 | 01                 | 09 / 25 / 2014   |
|     | Name of Federal Candidate  |          | Support              | Office             | e Sought: House District: 00   |
|     | Mr. Mark L Pryor   |          | X Oppose             |                    | President Senate State: AR   |
|     | Calendar Year-To-Date Per Election for Office Sought   |          | 106363.73            | Disbu<br>2014      | ursement For: Primary  |
|     | Full Name of Payee Nick Berryhill  |          |                      |                    | Date of Public Distribution/Dissemination  O9  25  2014                  |
| -   | Mailing Address 905 Lake Drive   |          |                      |                    | Amount 25 2014   |
| F   | City State   |          | Zip Code             |                    | 60.00  |
|     | Shelby NC  |          | 28152                |                    | Transaction ID : 6e19bdc9-8e06-4415-8 Date of Disbursement or Obligation |
|     | Purpose of Expenditure<br>Salary   |          | Category/<br>Type 00 | )1                 | 09 / 25 / 2014   |
|     | Name of Federal Candidate  |          | Support              | Office             | e Sought: House District: 00   |
|     | Ms. Kay Hagan  |          | X Oppose             |                    | President State: NC  |
|     | Calendar Year-To-Date Per Election for Office Sought   |          | 330480.58            | Disbi<br>2014      | ursement For:  Primary   |
| (a  | a) SUBTOTAL of Itemized Independent Expenditures   |          |                      |                    | 120.00   |
| (k  | b) SUBTOTAL of Unitemized Independent Expenditures   |          |                      | ····· <b>&gt;</b>  |  |
| (0  | c) TOTAL Independent Expenditures  |          |                      | ······ <b>&gt;</b> |  |
| W   | Inder penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or autarty committee) any political party committee or its agent. |          |                      |                    |  |
|     |  | Electron | nically Filed]       | ate 0              | 9 27 2014  |
|     | Signature  |          |                      |                    |  |

| Schedule E)   | A ENDITORIES                           | PAGE 77 OF 97<br>FOR SE OF FORM 24/48  |
|---|--|--|
| NAME OF COMMITTEE (In Full)   |  | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC   |  | C C00530766  |
| Check if 24-hour report X 48-hour report  | New report Amends report file          | d on   |
| Full Name of Payee  |  | Date of Public Distribution/Dissemination  |
| Nick Berryhill  |  | 09 25 2014   |
| Mailing Address 905 Lake Drive  |  | Amount   |
| City Stat   | e Zip Code                             | 19.35  |
| Shelby  | ·                                      | Transaction ID : eaeb95f6-a719-4f7a-8 Date of Disbursement or Obligation                 |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type 002                  | 09 / 25 / 2014   |
| Name of Federal Candidate   | Support Office                         | ce Sought: House District: 00  |
| Ms. Kay Hagan   | Oppose                                 | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought  | 330480.58 Disk<br>2014                 | oursement For:  Primary  |
| Full Name of Payee Danielle E Grindstaff  |  | Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 147 Possum Trot Rd  |  | Amount   |
| City Stat   | re Zip Code                            | 70.00  |
| Bakersville NO  | 28705                                  | Transaction ID : ea6faa4d-d6f6-4a78-b Date of Disbursement or Obligation                 |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001                  | 09 / 25 / 2014   |
| Name of Federal Candidate   | Support Office                         | ce Sought: House District: 00  |
| Ms. Kay Hagan   | X Oppose                               | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought  | 330480.58 Dist<br>201                  | oursement For:  Primary  |
| (a) SUBTOTAL of Itemized Independent Expenditures   | <b></b>                                | 89.35  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   | ······                                 |  |
| (c) TOTAL Independent Expenditures  | ······································ |  |
| Under penalty of perjury I certify that the independent ex<br>with, or at the request or suggestion of, any candidate or<br>party committee) any political party committee or its agent | authorized committee or agent of eith  |  |
| Ms. Emily Buchanan  | [Electronically Filed] Date            | 09 27 2014   |
| Signature   |  |  |

| Schedule E)   | IXI ENDITO       | 1120                 |                          | PAGE 78 OF 97<br>FOR SE OF FORM 24/48                       |
|---|------------------|----------------------|--------------------------|---|
| NAME OF COMMITTEE (In Full)   |                  |                      | F                        | FEC IDENTIFICATION NUMBER ▼                                 |
| Women Speak Out PAC   |                  |                      |                          | C C00530766   |
| Check if 24-hour report X 48-hour report  | New report       | Amends repo          | rt filed on              | M / D D / Y T Y T Y   |
|   |                  |                      |                          |   |
| Full Name of Payee Danielle E Grindstaff  |                  |                      | M                        | Public Distribution/Dissemination  9 25 2014                |
| Mailing Address 147 Possum Trot Rd  |                  |                      | Amoun                    |   |
| City Sta  | ate Zip          | Code                 |                          | 23.70   |
|   | IC 28            | 705                  |                          | ction ID : 7f3769d5-1086-4cb3-8 Disbursement or Obligation  |
| Purpose of Expenditure Mileage  | Cá               | ategory/<br>Type 002 |                          | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |
| Name of Federal Candidate   |                  | Support              | Office Sought:           | House District: 00  |
| Ms. Kay Hagan   |                  | X Oppose             | Presider                 |   |
| Calendar Year-To-Date Per Election for Office Sought  | 3304             | 80.58                | Disbursement 2014 Oth    | For: Primary X General ner (specify) ►                      |
| Full Name of Payee  |                  |                      | Date of                  | Public Distribution/Dissemination                           |
| Carol L Walters   |                  |                      |                          | 09 25 2014  |
| Mailing Address 1900 Glen West Way  |                  |                      |                          | 20 2011   |
|   |                  |                      | Amoun                    | t   |
| City  | ate Zip          | Code                 |                          | 60.00   |
|   | AR 72            | 916                  | Transac<br>Date of       | tion ID: 0b9cfd32-d394-4b5f-b<br>Disbursement or Obligation |
| Purpose of Expenditure<br>Salary  | Ca               | ategory/<br>Type 001 |                          | 9 / 25 / Y Y Y Y Y  |
| Name of Federal Candidate   |                  | Support              | Office Sought:           | House District: 00  |
| Mr. Mark L Pryor  |                  | Oppose               | Presider                 |   |
| Calendar Year-To-Date Per Election for Office Sought  | , 1              | 06363.73             | Disbursement<br>2014 Oth | For: Primary X General ner (specify) ▶                      |
|   |                  |                      |                          |   |
| (a) SUBTOTAL of Itemized Independent Expenditures   |                  |                      | <b>•</b>                 | 83.70   |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |                  |                      | <b>.</b>                 | 7 1 7 1 7   |
| (c) TOTAL Independent Expenditures  |                  |                      | •                        | 7 7   |
| Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager | r authorized cor |                      |                          |   |
| Ms. Emily Buchanan  | [Electronicall   | y <i>Filed]</i> Date | M / / 09                 | 27 2014   |
| Signature   |                  |                      |                          |   |

| Schedule E)  | DENT EXTEND            | ITOTIES               | PAGE 79 OF 97<br>FOR SE OF FORM 24/48  |
|--|------------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                        |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                        |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | rt New rep             | ort Amends repo       | rt filed on  |
| Full Name of Payee                                   |                        |                       | Date of Public Distribution/Dissemination  |
| Carol L Walters                                      |                        |                       | 09 / 25 / 2014   |
| Mailing Address 1900 Glen West Way                   |                        |                       | Amount   |
| City   | State                  | Zip Code              | 6.60   |
| Fort Smith   | AR                     | 72916                 | Transaction ID: 6080e955-57f9-4dca-b Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Mileage                    |                        | Category/<br>Type 002 | 09 / 25 / Y Y Y Y Y Y Y  |
| Name of Federal Candidate                            |                        | Support               | Office Sought: House District:00   |
| Mr. Mark L Pryor                                     |                        | X Oppose              | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought | , 1                    | 106363.73             | Disbursement For:  Primary  General  2014  Other (specify) ▶   |
| Full Name of Payee                                   |                        |                       | Date of Public Distribution/Dissemination  |
| Taylor N Randall                                     |                        |                       | 09 / 25 / 2014   |
| Mailing Address 2002 E Park Ave                      |                        |                       | Amount   |
| Apt 40   |                        |                       |  |
| City Searcy  | State<br>AR            | Zip Code<br>72143     | 45.00<br>Transaction ID : eb9e70f9-4754-4e0f-b   |
| Purpose of Expenditure<br>Salary                     |                        | Category/<br>Type 001 | Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                          |
| Name of Federal Candidate                            |                        | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                        | X Oppose              | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought |                        | 106363.73             | Disbursement For:  |
| (a) SUBTOTAL of Itemized Independent Expe            | nditures               |                       | 51.60  |
| (a) SOBTOTAL OF REMIZED INDEPENDENT Expe             | Hullules               |                       | 31.00  |
| (b) SUBTOTAL of Unitemized Independent Ex            | penditures             |                       | <b>•</b>   |
| (c) TOTAL Independent Expenditures                   |                        |                       | <b>•</b>   |
|  | andidate or authorized |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron              | ically Filed] Date    | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| -  |                        |                       |  |

| Schedule E)   | 1011 01120             | PAGE 80 OF 97<br>FOR SE OF FORM 24/48  |
|---|------------------------|--|
| NAME OF COMMITTEE (In Full)   |                        | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC   |                        | C C00530766  |
| Check if 24-hour report X 48-hour report New  | report Amends report   | filed on M M M / D D / Y Y Y Y Y Y   |
| Full Name of Payee<br>Shelbi L Randall  |                        | Date of Public Distribution/Dissemination  |
| Mailing Address 202 East Park Ave Apt 40  |                        | 09   |
| City State  | Zip Code               | 45.00  |
| Searcy AR   | 72143                  | Transaction ID : 9fe2eb68-2af7-4157-8 Date of Disbursement or Obligation                 |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001  | 09 25 / Y Y Y Y Y  |
| Name of Federal Candidate   | Support C              | Office Sought: House District: 00  |
| Mr. Mark L Pryor  | X Oppose               | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought  |                        | 014 Other (specify) ►  |
| Full Name of Payee Shelbi L Randall  Mailing Address 202 East Park Ave Apt 40   |                        | Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State  | Zip Code               | 19.71  |
| Searcy AR   | 72143                  | Transaction ID : b5cbe861-1611-4b2c-b Date of Disbursement or Obligation                 |
| Purpose of Expenditure Mileage  | Category/<br>Type 002  | 09 / 25 / 2014   |
| Name of Federal Candidate   | Support                | Office Sought: House District: 00  |
| Mr. Mark L Pryor  | Oppose                 | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought  |                        | Disbursement For:  Primary   |
| (a) SUBTOTAL of Itemized Independent Expenditures   |                        | 64.71  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |                        |  |
| (c) TOTAL Independent Expenditures  |                        | 1 1 7 1 1 7 1 1 7  |
| Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent. |                        |  |
|   | tronically Filed] Date | 09 27 2014   |
| Signature   |                        |  |

| Schedule E)   |                       | PAGE 81 OF 97<br>FOR SE OF FORM 24/48  |
|---|-----------------------|--|
| NAME OF COMMITTEE (In Full)   |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC   |                       | C C00530766  |
| Check if 24-hour report X 48-hour report New I  | report Amends report  | filed on M M / D D / Y Y Y Y Y   |
| Full Name of Payee Rachel H Young   |                       | Date of Public Distribution/Dissemination  |
| Mailing Address Box #11543 915 E Market Ave   |                       | 09 25 2014<br>Amount   |
| City State  | Zip Code              | 39.00  |
| Searcy AR   | 72149                 | Transaction ID : e341e864-4b15-4486-b Date of Disbursement or Obligation                 |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001 | 09 / 25 / 2014   |
| Name of Federal Candidate   | Support C             | Office Sought: House District: 00  |
| Mr. Mark L Pryor  | Oppose                | President X Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought  |                       | Disbursement For: Primary General  Other (specify) ▶                                     |
| Full Name of Payee Rachel H Young  Mailing Address Box #11543 915 E Market Ave  |                       | Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State  | Zip Code              | 10.50  |
| Searcy AR   | 72149                 | Transaction ID : cda7fbef-0f72-4e84-9  Date of Disbursement or Obligation                |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type 002 | 09 / 25 / 2014   |
| Name of Federal Candidate   | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor  | X Oppose              | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought  |                       | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶                             |
| (a) SUBTOTAL of Itemized Independent Expenditures   |                       | 49.50  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |                       |  |
| (c) TOTAL Independent Expenditures  |                       |  |
| Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent. |                       |  |
|   | ronically Filed] Date | 09 27 2014   |
| Signature   |                       |  |

| Schedule E)  | DEI ENDENT EXI END                | 101120                |                                  | PAGE 82 OF 97<br>FOR SE OF FORM 24/48              |
|--|-----------------------------------|-----------------------|----------------------------------|--|
| NAME OF COMMITTEE (In Full)  |                                   |                       | FEC ID                           | DENTIFICATION NUMBER ▼                             |
| Women Speak Out PAC  |                                   |                       |                                  | C00530766  |
| Check if 24-hour report X 48   | -hour report New repo             | ort Amends repo       | rt filed on                      | D = D / Y = Y = Y                                  |
| Full Name of Payee Christine Stevens   |                                   |                       | Date of Public                   | c Distribution/Dissemination                       |
|  |                                   |                       | 09                               | 25 2014  |
| Mailing Address 100 Asbury Ct  |                                   |                       | Amount                           |  |
| City   | State                             | Zip Code              |                                  | 80.00  |
| Winchester   | VA                                | 22602                 |                                  | ID: 8cbd0461-94e2-439a-9<br>ursement or Obligation |
| Purpose of Expenditure<br>Salary   |                                   | Category/<br>Type 001 | 09                               | 25 / 2014  |
| Name of Federal Candidate  |                                   | Support               | Office Sought:                   | House District: 00                                 |
| Mr. Mark L Pryor   |                                   | X Oppose              |                                  | Senate State: AR                                   |
| Calendar Year-To-Date<br>Per Election for Office Sought  | 1                                 | 06363.73              | Disbursement For: 2014 Other (sp | Primary ☐ General                                  |
| Full Name of Payee   |                                   |                       | Date of Publi                    | c Distribution/Dissemination                       |
| Jackson S Tuttle   |                                   |                       | M = M                            | / D D / Y TY TY                                    |
| Mailing Address 404 Chancery F   | Park Ct                           |                       | 09                               | 25 2014  |
| 404 Chancery i   | Salk Of                           |                       | Amount                           |  |
| City   | State                             | Zip Code              |                                  | 30.00  |
| Kernersville   | NC                                | 27284                 | Transaction II  Date of Disbu    | D: 34de269a-c040-41df-8<br>ursement or Obligation  |
| Purpose of Expenditure<br>Salary   |                                   | Category/<br>Type 001 | 09                               | 25 2014  |
| Name of Federal Candidate  |                                   | Support               | Office Sought:                   | House District: 00                                 |
| Ms. Kay Hagan  |                                   | X Oppose              | President                        | Senate State: NC                                   |
| Calendar Year-To-Date<br>Per Election for Office Sough   | 1,                                | 330480.58             | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶                        |
| (a) CURTOTAL of Homizon Indones  | odent Evrenditures                |                       |                                  | 440.00   |
| (a) SUBTOTAL of Itemized Indeper   | naent Expenditures                |                       | -                                | 110.00   |
| (b) SUBTOTAL of Unitemized Indep   | pendent Expenditures              |                       | • •                              | 7  |
| (c) TOTAL Independent Expenditure  | 98                                |                       | <b>•</b>                         |  |
| Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party | n of, any candidate or authorized |                       |                                  |  |
| Ms. Emily Buchanan   | [Electroni                        | ically Filed] Date    | 09 27                            | 2014   |
| Signature  |                                   |                       |                                  |  |

| Schedule E)  | IN EXICIO           | TIONES                | PAGE 83 OF 97<br>FOR SE OF FORM 24/48  |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                     |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                     |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | New rep             | port Amends repo      | rt filed on  |
| Full Name of Payee Jackson S Tuttle                  |                     |                       | Date of Public Distribution/Dissemination  |
| Mailing Address 404 Chancery Park Ct                 |                     |                       | 09 25 2014<br>Amount   |
|  |                     | 7: 0 1                |  |
| City Kernersville                                    | State<br>NC         | Zip Code<br>27284     | 4.50  Transaction ID: 084013c2-fb22-4ef7-b  Date of Disbursement or Obligation                             |
| Purpose of Expenditure<br>Mileage                    |                     | Category/<br>Type 002 | 09 / 25 / Y 2014   |
| Name of Federal Candidate                            |                     | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                     | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought | , , ,               | 330480.58             | Disbursement For:  Primary  General  2014  Other (specify) ▶   |
| Full Name of Payee<br>Jazmine d Conner               |                     |                       | Date of Public Distribution/Dissemination  |
| Mailing Address 100 ASBURY CT                        |                     |                       | 09 25 2014<br>Amount   |
| City   | State               | Zip Code              | 75.00  |
| WINCHESTER   | VA                  | 22602                 | Transaction ID: 83ffa9b5-7c41-41e5-a Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Salary                     |                     | Category/<br>Type 001 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                     | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                     | X Oppose              | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought | 7                   | 106363.73             | Disbursement For:  Primary  General 2014  General Other (specify) ▶  |
| (a) SUBTOTAL of Itemized Independent Expendi         | tures               |                       | 79.50  |
| (b) SUBTOTAL of Unitemized Independent Exper         | nditures            |                       |  |
|  |                     |                       |  |
| (c) TOTAL Independent Expenditures                   |                     |                       | <b>&gt;</b>  |
|  | lidate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron           | nically Filed] Date   | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Signature  |                     |                       |  |

| Schedule          | E)   | THE EXTENS         |                       |                     | PAGE 84 OF 97<br>FOR SE OF FORM 24/48                             |
|-------------------|--|--------------------|-----------------------|---------------------|---|
|                   | OMMITTEE (In Full)   |                    |                       |                     | FEC IDENTIFICATION NUMBER ▼                                       |
| Women             | Speak Out PAC  |                    |                       |                     | C C00530766   |
| Check if          | 24-hour report X 48-hour report  | New rep            | ort Amends repo       | ort filed on        | = M / D = D / Y = Y = Y   |
| Full Nam          | e of Payee   |                    |                       | Data                | of Bublic Distribution/Discomination                              |
| Jon E             | Conner   |                    |                       |                     | of Public Distribution/Dissemination  9 25 2014                   |
| Mailing A         | address 100 Asbury Ct  |                    |                       | Amou                | nt  |
| City              |  | State              | Zip Code              |                     | 80.00   |
| Winches           |  | VA                 | 22602                 |                     | action ID : e9d3044b-4b09-4da5-8<br>of Disbursement or Obligation |
| Purpose<br>Salary | of Expenditure   |                    | Category/<br>Type 001 | М                   | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| Name of           | Federal Candidate  |                    | Support               | Office Sough        | t: House District: 00   |
| Mr. Mark          | L Pryor  |                    | X Oppose              | Preside             |   |
|                   | endar Year-To-Date<br>Election for Office Sought   | , 1                | 106363.73             | Disbursemen 2014 O  | t For:  |
|                   | ne of Payee  |                    |                       | Date                | of Public Distribution/Dissemination                              |
| Rodne             | ey O Culbreath   |                    |                       | N                   | 00 / Y Y Y Y  |
| Mailing A         | Address 100 Asbury Ct  |                    |                       |                     | 09 25 2014  |
|                   | 100 Assury Ot  |                    |                       | Amou                | nt  |
| City              |  | State              | Zip Code              |                     | 80.00   |
| Winches           |  | VA                 | 22602                 | Transa<br>Date      | oction ID: 76bfa30a-465c-41d8-9 of Disbursement or Obligation     |
| Purpose<br>Salary | of Expenditure   |                    | Category/<br>Type 001 | N                   | 09 / 25 / Y 2014  |
| Name of           | Federal Candidate  |                    | Support               | Office Sough        | t: House District: 00   |
| Mr. Mark          | L Pryor  |                    | X Oppose              | Preside             |   |
|                   | endar Year-To-Date<br>Election for Office Sought   | 7                  | 106363.73             | Disbursemen<br>2014 | t For:  Primary   |
|                   |  |                    |                       |                     |   |
| (a) SUBT          | OTAL of Itemized Independent Expenditu   | ıres               |                       | . •                 | 160.00  |
| (b) SUBT          | OTAL of Unitemized Independent Expendent   | ditures            |                       | · •                 | 7 1 7 1 7   |
| (c) TOTAI         | L Independent Expenditures   |                    |                       | · •                 | 7 1 7 1 7   |
| with, or at       | nalty of perjury I certify that the independ<br>the request or suggestion of, any candid<br>mittee) any political party committee or its | date or authorized |                       |                     |   |
| _                 | Ms. Emily Buchanan   | [Electron          | ically Filed] Date    | e 09                | 27 2014   |
| Signatu           | ure  |                    | _                     |                     |   |

| Schedule E)  | JENT EXILINE         | TIONES                | PAGE 85 OF 97<br>FOR SE OF FORM 24/48  |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                      |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                      |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | X New rep            | port Amends repor     | t filed on Man / Dad / Yayayay   |
| Full Name of Payee<br>Rodney D Culbreth              |                      |                       | Date of Public Distribution/Dissemination  |
| Mailing Address 100 Asbury CT                        |                      |                       | 09 25 2014   |
| 3200 Dam Neck Rd                                     |                      |                       | Amount   |
| City   | State                | Zip Code              | 80.00  |
| Winchester   | VA                   | 22602                 | Transaction ID: 0e8ef0ae-4568-436b-a Date of Disbursement or Obligation                                  |
| Purpose of Expenditure<br>Salary                     |                      | Category/<br>Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                      | X Oppose              | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought | 7 7                  | 106363.73             | Disbursement For: Primary X General 2014   |
| Full Name of Payee                                   | <u> </u>             |                       | Date of Public Distribution/Dissemination  |
| Rze Culbreath  |                      |                       | 09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 100 Asbury Ct                        |                      |                       | Amount   |
| City   | State                | Zip Code              | 80.00  |
| Winchester   | VA                   | 22602                 | Transaction ID: c503ba03-c9ef-4470-b  Date of Disbursement or Obligation                                 |
| Purpose of Expenditure<br>Salary                     |                      | Category/<br>Type 001 | 09 25 / 2014   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                      | Oppose                | President State: AR  |
| Calendar Year-To-Date Per Election for Office Sought |                      | 106363.73             | Disbursement For:  |
| (a) SUBTOTAL of Itemized Independent Exper           | nditures             |                       | 160.00   |
| (b) SUBTOTAL of Unitermized Independent Exp          | penditures           |                       | <b>&gt;</b>  |
|  |                      |                       | 45   |
| (c) TOTAL Independent Expenditures                   |                      |                       | <b>&gt;</b>  |
|  | ndidate or authorize |                       | not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron            | nically Filed] Date   | 09 27 2014   |
| S.g.iataro   |                      |                       |  |

| Schedule E)           |  | TI EXI END         | TOTILO                |                   | PAGE 86 OF 97<br>FOR SE OF FORM 24/48  |
|-----------------------|--|--------------------|-----------------------|-------------------|--|
|                       | MITTEE (In Full)                             |                    |                       |                   | FEC IDENTIFICATION NUMBER ▼  |
| Women S               | peak Out PAC                                 |                    |                       |                   | C C00530766  |
| Check if 24           | 4-hour report X 48-hour report               | New rep            | ort Amends rei        | port filed on     | M = M / D = D / Y = Y = Y  |
|                       |  | Z Now Top          | 7                     | Jore mod on       |  |
| Full Name o           |  |                    |                       | Da                | ate of Public Distribution/Dissemination  09  25  2014                               |
| Mailing Add           | ress 2121 Daniel Dr                          |                    |                       | An                | mount  |
| City                  |  | State              | Zip Code              | — F               | 40.00  |
| Searcy                |  | AR                 | 72143                 |                   | ransaction ID: 6d1be613-2b6d-462e-9 ate of Disbursement or Obligation                |
| Purpose of<br>Salary  | Expenditure                                  |                    | Category/<br>Type 00  | 1                 | 09 / 25 / Y Y Y Y Y Y Y  |
| Name of Fe            | ederal Candidate                             |                    | Support               | Office So         | ought: House District: 00  |
| Mr. Mark L            | Pryor  |                    | X Oppose              | Pre               | esident Senate State: AR   |
|                       | lar Year-To-Date<br>ection for Office Sought | 1                  | 06363.73              | Disburser<br>2014 | ment For:  Primary   |
| Full Name Kaitlyn I   |  |                    |                       | Da                | ate of Public Distribution/Dissemination   |
| Mailing Add           | Iress 0404 David Da                          |                    |                       |                   | 09 25 2014   |
| Walling Add           | 11ess 2121 Daniel Dr                         |                    |                       | Ar                | mount  |
| City                  |  | State              | Zip Code              |                   | 36.06  |
| Searcy                |  | AR                 | 72143                 |                   | ansaction ID : 2f4eab7b-d786-4088-a<br>ate of Disbursement or Obligation             |
| Purpose of<br>Mileage | Expenditure                                  |                    | Category/<br>Type 002 | 2                 | 09 / 25 / Y Y Y Y Y Y  |
| Name of Fe            | ederal Candidate                             |                    | Support               | Office So         | ought: House District: 00  |
| Mr. Mark L            | Pryor  |                    | X Oppose              | Pre               | esident State: AR  |
|                       | dar Year-To-Date ection for Office Sought    | 7 1 7              | 106363.73             | Disburser<br>2014 | ment For:  |
|                       |  |                    |                       |                   |  |
| (a) SUBTOT            | AL of Itemized Independent Expenditu         | res                |                       | ▶                 | 76.06  |
| (b) SUBTOT            | AL of Unitemized Independent Expend          | litures            |                       | ··· •             | 1 4 1 4 1 5  |
| (c) TOTAL             | ndependent Expenditures                      |                    |                       | ···· <b>•</b>     |  |
| with, or at th        |  | date or authorized |                       |                   | in cooperation, consultation, or concert (if the reporting entity is not a political |
|                       | Ms. Emily Buchanan                           | [Electron          | ically Filed] Da      | ite 09            | / D D / Y Y Y Y Y Y Y 27 2014  |
| Signature             |  |                    | _                     |                   |  |

| Schedule E)  | -XI - III     | TOTILO                                |                    | PAGE 87 OF 97<br>FOR SE OF FORM 24/48                                    |
|--|---------------|---------------------------------------|--------------------|--|
| NAME OF COMMITTEE (In Full)  |               |                                       |                    | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC  |               |                                       |                    | C C00530766  |
| Check if 24-hour report X 48-hour report   | X New repo    | ort Amends                            | report file        | d on   |
|  | Y How Top     | , , , , , , , , , , , , , , , , , , , | Toport mo          | · · · · · · · · · · · · · · · · · · ·                                    |
| Full Name of Payee Amelia Brackett   |               |                                       |                    | Date of Public Distribution/Dissemination  09  25  2014                  |
| Mailing Address 804 Roundabout Circle  |               |                                       |                    | Amount   |
| City   | tate          | Zip Code                              |                    | 100.00   |
| Searcy A   | AR            | 72143                                 |                    | Transaction ID : 447c1b08-066d-4203-9 Date of Disbursement or Obligation |
| Purpose of Expenditure<br>Salary   |               | Category/<br>Type                     | 001                | 09 / 25 / 2014   |
| Name of Federal Candidate  |               | Suppo                                 | ort Offic          | ce Sought: House District: 00  |
| Mr. Mark L Pryor   |               | X Oppos                               | se                 | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought   | . 1           | 06363.73                              | Disk<br>2014       | oursement For:  Primary  General  Other (specify) ▶                      |
| Full Name of Payee   |               |                                       |                    | Date of Public Distribution/Dissemination                                |
| Chris McCoy  |               |                                       |                    | 09 25 2014   |
| Mailing Address 1025 Cayley Ct   |               |                                       |                    | 1  |
|  |               |                                       |                    | Amount   |
| City   | tate          | Zip Code                              |                    | 62.50  |
|  | NC            | 27260                                 |                    | Transaction ID : 93a26eac-9518-4d81-b Date of Disbursement or Obligation |
| Purpose of Expenditure<br>Salary   |               | Category/<br>Type                     | 001                | 09 / 25 / 2014   |
| Name of Federal Candidate  |               | Suppo                                 | ort Offic          | ce Sought: House District: 00  |
| Ms. Kay Hagan  |               | X Oppos                               | se                 | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought   |               | 330480.58                             | Dist<br>201        | oursement For:  Primary  General  4  Other (specify) ▶                   |
|  |               |                                       |                    |  |
| (a) SUBTOTAL of Itemized Independent Expenditures  |               |                                       |                    | 162.50   |
| (b) SUBTOTAL of Unitemized Independent Expenditures  | 3             |                                       | ······ <b>&gt;</b> | 117117117  |
| (c) TOTAL Independent Expenditures   |               |                                       | ······             |  |
| Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age | or authorized |                                       |                    |  |
| Ms. Emily Buchanan   | [Electron     | ically Filed]                         | Date               | 09 27 2014   |
| Signature  |               | _                                     |                    |  |

| Schedule E)  | LIVI EXI EIVE        | TIONES                | PAGE 88 OF 97<br>FOR SE OF FORM 24/48  |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                      |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                      |                       | C C00530766  |
| Check if 24-hour report X 48-hour report             | New re               | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Chris McCoy  |                      |                       | 09 / 25 / 2014   |
| Mailing Address 1025 Cayley Ct                       |                      |                       | Amount   |
| City   | State                | Zip Code              | 16.20  |
| High Point   | NC                   | 27260                 | Transaction ID : c59ef8f6-ec1d-4b06-a Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Mileage                    |                      | Category/<br>Type 002 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                      | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought | 7                    | 330480.58             | Disbursement For:  Primary  General  2014  Other (specify) ▶   |
| Full Name of Payee                                   |                      |                       | Date of Public Distribution/Dissemination  |
| Kaitlyn B Allen                                      |                      |                       | 09 25 7 2014   |
| Mailing Address 2121 Daniel Dr                       |                      |                       | Amount   |
| City   | State                | Zip Code              | 100.00   |
| Searcy   | AR                   | 72143                 | Transaction ID : 1d7efd84-2bc7-41fb-a Date of Disbursement or Obligation                                   |
| Purpose of Expenditure<br>Salary                     |                      | Category/<br>Type 001 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                      | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                      | Oppose                | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought |                      | 106363.73             | Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶  |
| (a) SUBTOTAL of Itemized Independent Expen           | ditures              |                       | . 116.20   |
|  |                      |                       | 7 7 7  |
| (b) SUBTOTAL of Unitemized Independent Exp           | enditures            |                       | <b>&gt;</b>  |
| (c) TOTAL Independent Expenditures                   |                      |                       |  |
|  | ndidate or authorize |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electro             | nically Filed] Date   | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| •  |                      |                       |  |

| Schedule E)   |                               | PAGE 89 OF 97<br>FOR SE OF FORM 24/48   |
|---|-------------------------------|---|
| NAME OF COMMITTEE (In Full)   |                               | FEC IDENTIFICATION NUMBER ▼   |
| Women Speak Out PAC   |                               | C C00530766   |
| Check if 24-hour report X 48-hour report  | New report Amends report file | ed on Mam / Dab / Yayayay   |
| Full Name of Payee<br>Kaitlyn B Allen   |                               | Date of Public Distribution/Dissemination                                       |
| Mailing Address 2121 Daniel Dr  |                               | 09 25 2014<br>Amount  |
| City  | 7:- Codo                      | 90.92   |
| City State Searcy AR  | Zip Code<br>72143             | 89.82  Transaction ID: c7bdf250-93be-4e48-9  Date of Disbursement or Obligation |
| Purpose of Expenditure<br>Mileage   | Category/<br>Type 002         | 09 / 25 / Y 2014  |
| Name of Federal Candidate   | Support Offi                  | ce Sought: House District: 00   |
| Mr. Mark L Pryor  | Oppose                        | President Senate State: AR  |
| Calendar Year-To-Date Per Election for Office Sought  | 106363.73 Dis<br>201          | bursement For:  Primary  General  Other (specify) ▶                             |
| Full Name of Payee Danielle McCoy  Mailing Address 1025 Cayley Ct   |                               | Date of Public Distribution/Dissemination                                       |
|   |                               | Amount  |
| City State High Point NC  | Zip Code<br>27260             | Transaction ID : f71ec5e7-87de-4272-a Date of Disbursement or Obligation        |
| Purpose of Expenditure<br>Salary  | Category/<br>Type 001         | 09 25 / 2014  |
| Name of Federal Candidate   | Support Offi                  | ice Sought: House District:00   |
| Ms. Kay Hagan   | X Oppose                      | President Senate State: NC  |
| Calendar Year-To-Date Per Election for Office Sought  | 330480.58 Dis 20°             | bursement For: Primary X General  Other (specify) ▶                             |
| (a) SUBTOTAL of Itemized Independent Expenditures   |                               | 199.82  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   | ·····                         |   |
| (c) TOTAL Independent Expenditures  | <b>&gt;</b>                   |   |
| Under penalty of perjury I certify that the independent expe<br>with, or at the request or suggestion of, any candidate or au<br>party committee) any political party committee or its agent. |                               |   |
| Ms. Emily Buchanan  | [Electronically Filed] Date   | 09 27 2014  |
| Signature   |                               |   |

| Schedule E)  | IN EXICID           | TOTILO                |                                   | PAGE 90 OF 97<br>FOR SE OF FORM 24/48         |
|--|---------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full)  |                     |                       |                                   | ENTIFICATION NUMBER ▼                         |
| Women Speak Out PAC  |                     |                       |                                   | C00530766                                     |
| Check if 24-hour report X 48-hour report   | New rep             | port Amends repo      | ort filed on                      | D   |
| Full Name of Payee Danielle McCoy  |                     |                       | M = M /                           | Distribution/Dissemination                    |
| Mailing Address 1025 Cayley Ct   |                     |                       | Amount                            | 25 2014                                       |
| City   | State               | Zip Code              |                                   | 21.60   |
| High Point   | NC                  | 27260                 | I                                 | D: 5136fd7c-a711-4751-8 rsement or Obligation |
| Purpose of Expenditure<br>Mileage  |                     | Category/<br>Type 002 | 09                                | 25 / 2014                                     |
| Name of Federal Candidate  |                     | Support               | Office Sought:                    | House District: 00                            |
| Ms. Kay Hagan  |                     | Oppose                | President >                       | Senate State: NC                              |
| Calendar Year-To-Date Per Election for Office Sought   |                     | 330480.58             | Disbursement For: 2014 Other (spe | Primary                                       |
| Full Name of Payee   |                     |                       | Date of Public                    | Distribution/Dissemination                    |
| Eleanor McCoy  |                     |                       | M M /                             | 25 / Y Y Y Y Y Y Y Y Y                        |
| Mailing Address 4902 Catawba Dr  |                     |                       | Amount                            |   |
| City   | State               | Zip Code              |                                   | 110.00  |
| Greensboro   | NC                  | 27407                 |                                   | : 08340952-bf9f-4ad5-a rsement or Obligation  |
| Purpose of Expenditure<br>Salary   |                     | Category/<br>Type 001 | 09 /                              | 25 / 2014                                     |
| Name of Federal Candidate  |                     | Support               | Office Sought:                    | House District: 00                            |
| Ms. Kay Hagan  |                     | X Oppose              | President >                       | Senate State: NC                              |
| Calendar Year-To-Date Per Election for Office Sought   |                     | 330480.58             | Disbursement For: 2014 Other (spe | Primary ☐ General ecify) ►                    |
|  |                     |                       |                                   |   |
| (a) SUBTOTAL of Itemized Independent Expendit  | tures               |                       | · •                               | 131.60  |
| (b) SUBTOTAL of Unitemized Independent Exper   | nditures            |                       | • •                               | 7   |
| (c) TOTAL Independent Expenditures   |                     |                       | •                                 | 7   |
| Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or | lidate or authorize |                       |                                   |   |
| Ms. Emily Buchanan Signature   | [Electro            | nically Filed] Date   | 9 09 / 27                         | 2014  |
| Signature  |                     |                       |                                   |   |

| Sch  | nedule E)   | EXI ENDI      | TOTILO            |                    | PAGE 91 OF 97<br>FOR SE OF FORM 24/48  |
|------|---|---------------|-------------------|--------------------|--|
|      | ME OF COMMITTEE (In Full)   |               |                   |                    | FEC IDENTIFICATION NUMBER ▼  |
| Wo   | omen Speak Out PAC  |               |                   |                    | C C00530766  |
| Chec | ck if 24-hour report X 48-hour report   | X New repo    | ort Amends        | report filed       | on M = M / D = D / Y = Y = Y   |
| Τ,   | Full Marrie of Pouge  |               |                   |                    | Disconstruction  |
|      | Full Name of Payee Eleanor McCoy  |               |                   |                    | Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| N    | Mailing Address 4902 Catawba Dr   |               |                   |                    | Amount   |
|      | City  | State         | Zip Code          |                    | 19.20  |
|      | Greensboro  | NC            | 27407             |                    | Transaction ID: 0033ae43-c821-48ef-8 Date of Disbursement or Obligation                  |
|      | Purpose of Expenditure<br>Mileage   |               | Category/<br>Type | 002                | 09 25 / Y Y Y Y Y Y  |
| 1    | Name of Federal Candidate   |               | Suppo             | rt Office          | e Sought: House District: 00   |
|      | Ms. Kay Hagan   |               | X Oppos           |                    | President Senate State: NC   |
|      | Calendar Year-To-Date Per Election for Office Sought  | 3             | 330480.58         | Disbu<br>2014      | ursement For: Primary X General  Other (specify) ▶                                       |
|      | Full Name of Payee  John P Hilkert  |               |                   |                    | Date of Public Distribution/Dissemination  |
| 1    | Mailing Address 7 Bards Lane  |               |                   |                    | 09 25 2014<br>Amount   |
|      | 2   | <u> </u>      | <b>=</b> 0.4.     |                    | 05.00  |
|      | •   | State<br>NC   | Zip Code<br>28732 |                    | 95.00  Transaction ID : 0e7d94e8-e3e7-4150-a Date of Disbursement or Obligation          |
|      | Purpose of Expenditure<br>Salary  |               | Category/<br>Type | 001                | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|      | Name of Federal Candidate   |               | Suppo             | ort Office         | e Sought: House District: 00   |
|      | Ms. Kay Hagan   |               | X Oppos           | se                 | President Senate State: NC   |
|      | Calendar Year-To-Date Per Election for Office Sought  |               | 330480.58         | Disbu<br>2014      | ursement For:  Primary   |
| (a   | a) SUBTOTAL of Itemized Independent Expenditures  |               |                   | ······ <b>&gt;</b> | 114.20   |
| (b   | o) SUBTOTAL of Unitemized Independent Expenditure   | es            |                   | ······ <b>&gt;</b> |  |
| (с   | c) TOTAL Independent Expenditures   |               |                   | ······ <b>&gt;</b> |  |
| wi   | nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag | or authorized |                   |                    |  |
|      | Ms. Emily Buchanan  | [Electron     | ically Filed]     | Date 0             | 09 27 2014   |
|      | Signature   |               | _                 |                    |  |

| Schedule E)  |               |                       |                             | PAGE 92 OF 97<br>FOR SE OF FORM 24/48                                 |
|--|---------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full)  |               |                       | FI                          | EC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC  |               |                       |                             | C00530766   |
| Check if 24-hour report X 48-hour report   | New rep       | oort Amends repo      | rt filed on                 | M / D D / Y D Y D Y   |
| Full Name of Payee John P Hilkert  |               |                       | Date of                     | Public Distribution/Dissemination                                     |
| Mailing Address 7 Bards Lane   |               |                       | 09                          |   |
|  | 01-1-         | 70 004                |                             | 24.00   |
| City S   | State<br>NC   | Zip Code<br>28732     |                             | 21.00<br>tion ID : 9d3d57f3-7a3d-4873-b<br>Disbursement or Obligation |
| Purpose of Expenditure<br>Mileage  |               | Category/<br>Type 002 | Date of Os                  | M / D D / Y Y Y   |
| Name of Federal Candidate  |               | Support               | Office Sought:              | House District:00   |
| Ms. Kay Hagan  |               | X Oppose              | President                   | NO.   |
| Calendar Year-To-Date Per Election for Office Sought   |               | 330480.58             | Disbursement F 2014 Other   | For: Primary X General er (specify) ▶                                 |
| Full Name of Payee Caleb Craig  Mailing Address 1410 Bushville drive   |               |                       | O                           |   |
|  |               |                       | Amount                      |   |
| City  Lenoir   | State<br>NC   | Zip Code<br>28645     |                             | 100.00<br>ion ID : 899e4cdb-14a9-414b-8<br>Disbursement or Obligation |
| Purpose of Expenditure<br>Salary   |               | Category/<br>Type 001 |                             | M / D D / Y Y Y Y   |
| Name of Federal Candidate  |               | Support               | Office Sought:              | House District:00   |
| Ms. Kay Hagan  |               | X Oppose              | President                   | t Senate State: NC  |
| Calendar Year-To-Date Per Election for Office Sought   |               | 330480.58             | Disbursement F<br>2014 Othe | For: Primary General er (specify) ▶                                   |
| (a) SUBTOTAL of Itemized Independent Expenditures.   |               |                       | <b>.</b>                    | 121.00  |
| (b) SUBTOTAL of Unitemized Independent Expenditure   | 'es           |                       | · -                         | 47-1-1-47-1-1-47-1  |
| (c) TOTAL Independent Expenditures   |               |                       | ·                           | 7 1 1 7 1 1 7 1   |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized |                       |                             |   |
| Ms. Emily Buchanan   | [Electron     | nically Filed] Date   |                             | 27 2014   |
| Signature  |               |                       |                             |   |

| Schedule E)  | DEITI EXI EITD         | HONES                 | PAGE 93 OF 97<br>FOR SE OF FORM 24/48  |
|--|------------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full)                          |                        |                       | FEC IDENTIFICATION NUMBER ▼  |
| Women Speak Out PAC                                  |                        |                       | C C00530766  |
| Check if 24-hour report X 48-hour repor              | t New rep              | port Amends repo      | rt filed on  |
| Full Name of Payee                                   |                        |                       | Date of Public Distribution/Dissemination  |
| Jacob T Craig  |                        |                       | 09 / 25 / 2014   |
| Mailing Address 1410 Bushville Dr                    |                        |                       | Amount   |
| City   | State                  | Zip Code              | 40.00  |
| Lenoir   | NC                     | 28645                 | Transaction ID: 835e6769-9668-46e2-8 Date of Disbursement or Obligation                                    |
| Purpose of Expenditure<br>Salary                     |                        | Category/<br>Type 001 | 09 25 / Y 2014   |
| Name of Federal Candidate                            |                        | Support               | Office Sought: House District: 00  |
| Ms. Kay Hagan  |                        | X Oppose              | President Senate State: NC   |
| Calendar Year-To-Date Per Election for Office Sought |                        | 330480.58             | Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶  |
| Full Name of Payee                                   |                        |                       | Date of Public Distribution/Dissemination  |
| Benjamin Hernandez                                   |                        |                       | 09 / 25 / 2014   |
| Mailing Address 915 E Market Ave                     |                        |                       | Amount   |
| City   | State                  | Zip Code              | 45.00  |
| Searcy   | AR                     | 72149                 | Transaction ID : 2a8fc026-df3f-4704-b  Date of Disbursement or Obligation                                  |
| Purpose of Expenditure<br>Salary                     |                        | Category/<br>Type 001 | 09 / 25 / 2014   |
| Name of Federal Candidate                            |                        | Support               | Office Sought: House District: 00  |
| Mr. Mark L Pryor                                     |                        | Oppose                | President Senate State: AR   |
| Calendar Year-To-Date Per Election for Office Sought |                        | 106363.73             | Disbursement For:  Primary  General  General  Other (specify) ▶  |
| (a) SUBTOTAL of Itemized Independent Expe            | nditures               |                       | 85.00  |
|  |                        |                       |  |
| (b) SUBTOTAL of Unitemized Independent Ex            | penditures             |                       | ·  |
| (c) TOTAL Independent Expenditures                   |                        |                       | ·  |
|  | andidate or authorized |                       | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature                         | [Electron              | nically Filed] Date   | 09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| <del>-</del>   |                        |                       |  |

| Per Election for Office Sought  Full Name of Payee Lauren E Heffington  Mailing Address 488 Broadwell Dr  City State Zip Code Nashville TN 37220  Purpose of Expenditure Salary  Category/ Type  On Office Sought: House District: 00 Mr. Mark L Pryor  President X Senate State: AR   |    | include Ly   | FOR SE OF FORM 24/48                      |
|--|----|--|---|
| Check if 24-hour report  48-hour report  New report  Amends report filed on  Date of Public Distribution/Dissemination   |    |  | FEC IDENTIFICATION NUMBER ▼               |
| Full Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave  City Slate Zip Code AR 72149  Name of Expenditure Mileage Support Sype Oo2  Mr. Mark L Pryor Siate Special State: AR  Category O7  Calendar Year-To-Date Per Election for Office Sought  City Siate Zip Code  Mr. Mark L Pryor Siate Zip Code  Tansaction D : 955551a-4d55-466-b  Date of Public Distribution/Dissemination  Tansaction D : 955551a-4d55-466-b  Date of Disbursement or Obligation  Tansaction D : 955551a-4d55-466-b  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Tansaction D : 955551a-4d55-466-b  Date of Public Distribution/Dissemination  Tansaction D : 955551a-4d55-466-b  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Tansaction D : 955551a-4d55-466-b  Date of Public Distribution/Dissemination  Tansaction D : 95 | ۷۱ | omen Speak Out PAC   | C C00530766                               |
| Mailing Address 915 E Market Ave   | Ch | eck if 24-hour report X 48-hour report New report Amends report filed                              | on M M / D D / Y Y Y Y Y                  |
| Mailing Address 915 E Market Ave  City State Zip Code AR 72:149  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Office Sought House District: 00 President Senate State: AR Disbursement or Obligation  Mailing Address 488 Broadwell Dr  City State Zip Code Nashville TN 37220  Purpose of Expenditure Salary  Purpose of Expenditure Senate State: AR Disbursement for: Primary General Other (specify) Primary Gene  | ٦  |  | Date of Public Distribution/Dissemination |
| City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Mr. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Lauren E Heffington  Mailing Address 488 Broadwell Dr  City State Zip Code Nshvulle TN 37220  Name of Federal Candidate  Mr. Mark L Pryor Discussement For: Primary General President State: AR  Calendar Year-To-Date Per Election for Office Sought  Tanasaction ID: 555581a-de5-46ef-b Date of Disbursement or Obligation  The Electronic Office Sought  Disbursement For: Primary General Office Sought  Transaction ID: 5424236-5ac0-480e-9 Date of Disbursement or Obligation  Transaction ID: 5424236-5ac0-480e-9 Date of Public Distribution/Dissemination  Transaction ID: 5424236-5ac0-480e-9 Date of Dustrict Too.  Transaction ID: 5424236-5ac0-480e-9 Date of Dustrict Too.  Transaction ID: 5424236-5ac0-480e-9 Date of Disbursement or Obligation  Transaction ID: 5424236-5ac0-480e-9 Date of Dustrict Too.  Transaction ID: 5424236-5ac0-480e-9 Date of Public Distribution/Dissemination  Transaction ID: 5424236-5ac0-480e-9 Date of P | ١  | ·  |   |
| Searcy AR 72149  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pyor  Calandar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Miling Address 488 Broadwell Dr  City State Zip Code Nashville  Purpose of Expenditure Salary  Name of Federal Candidate  Malling Address 488 Broadwell Dr  City State Zip Code Nashville  TN 37220  Transaction ID: 95b5681a-4de5-46ef-b Date of Disbursement or Obligation  Disbursement For: Dotte Sought  Portion of Office Sought  Category Dotter (specify) ▶  Date of Public Distribution/Dissemination  Amount  Amount  Category Dotter (specify) ▶  Name of Federal Candidate  Mr. Mark L Pryor  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  To Oppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Lunder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. Emity Buckansan  [Electronically Filed]  Date 078 27 2014   |    | Mailing Address 915 E Market Ave   | Amount                                    |
| Searcy AR 72149  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pyor  Calandar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Miling Address 488 Broadwell Dr  City State Zip Code Nashville  Purpose of Expenditure Salary  Name of Federal Candidate  Malling Address 488 Broadwell Dr  City State Zip Code Nashville  TN 37220  Transaction ID: 95b5681a-4de5-46ef-b Date of Disbursement or Obligation  Disbursement For: Dotte Sought  Portion of Office Sought  Category Dotter (specify) ▶  Date of Public Distribution/Dissemination  Amount  Amount  Category Dotter (specify) ▶  Name of Federal Candidate  Mr. Mark L Pryor  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  To Oppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Lunder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. Emity Buckansan  [Electronically Filed]  Date 078 27 2014   |    | City State Zin Code  | 14 70                                     |
| Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Lauren E Heffington  Mailing Address 488 Broadwell Dr  City State Zip Code Nashville  TN 37220  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Category' Type  Oo1  Transaction ID : d5424236-5ac0-4808-9 Date of Disbursement or Obligation  Transaction ID : d5424236-5ac0-4808-9 Date of Disbursement or Obligation  Transaction ID : d5424236-5ac0-4808-9 Date of Disbursement or Obligation  Transaction ID : d5424236-5ac0-4808-9 Date of Disbursement or Obligation  Og / 25 / 2014  Amount  Category/ Type  Oo1  Name of Federal Candidate Support  Office Sought: House District: Oo President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  To Oppose  President Senate State: AR  Other (specify) ▶  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury   certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. Emity Buchaman  [Electronically Filed] Date 09 27 2014  |    |  | Transaction ID : 95b5681a-4de5-46ef-b     |
| Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Lauren E Heffington  Mailing Address 488 Broadwell Dr  City State Variable Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  To Support  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Mr. Mark L Pr  |    | Mileage Category/ 002  | M M / D D / Y Y Y Y                       |
| Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought President Per Election for Office Sought Purpose of Expenditure Salary  Name of Payee Amount  City State Tin 37220  Transaction ID: d5424236-5ac0-4808-9 Date of Disbursement or Obligation Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought President Senate State: AR  Support Office Sought: House Disbursement For: Primary Oppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Disbursement For: Primary General 2014 Other (specify)  Other (specify)  Other (specify)  Date  Office Sought  Transaction ID: d5424236-5ac0-4808-9 Date of Distribution/Dissemination  Target Sending  Amount  Transaction ID: d5424236-5ac0-4808-9 Date of Distribution/Dissemination  Target Sending  Transaction ID: d5424236-5ac0-4808-9 Date of Distribution/Dissemination  T  |    | Name of Federal Candidate Support Office   | Sought: House District: 00                |
| Per Election for Office Sought  Full Name of Payee Lauren E Heffington  Mailing Address 488 Broadwell Dr  City State Zip Code Nashville TN 37220  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  To Office Sought  Category Dot Office Sought  Category Dot Office Sought  Category Dot Office Sought  To Date President Senate State: AR  Disbursement For: Primary General 2014  Other (specify) P  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Date  Other (specify) P  | ١  | Mr Mark I Pryor  |   |
| Full Name of Payee  Lauren E Heffington  Mailing Address 488 Broadwell Dr  City State Zip Code Nashville TN 37220  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  (Electronically Filed)  Date  Other (specify)  Amount  Transaction ID: d5424236-5ac0-4808-9 Date of Disbursement or Obligation  Transaction ID: d5424233-5ac0-4808-9 Date of Disbursement or Obligation  Transaction ID: d5424238-5ac0-4808-9 Date of Disbursement or Obligation  Transaction ID: d5424238-5ac0-4808-9 Date of Disbursement or Disbursement or Obligation  Transaction ID: d5424238-5ac0-4808-9 Date of Disbursement or Disburs |    | 400000 70  | rsement For: Primary X General            |
| Lauren E Heffington  Mailing Address 488 Broadwell Dr  City State Zip Code Nashville TN 37220  Purpose of Expenditure Salary  Name of Federal Candidate Support Mr. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought 105363.73  (a) SUBTOTAL of Itemized Independent Expenditures   | ١  | Per Election for Office Sought   | Other (specify) ▶                         |
| Mailing Address 488 Broadwell Dr  City State Zip Code TN 37220  Purpose of Expenditure Salary  Category/ Dot Type Date of Disbursement or Obligation  Name of Federal Candidate Support Mr. Mark L Pryor  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought 106363.73  Calendar Year-To-Date Telection for Office Sought 106363.73  Calendar Year-To-Date Disbursement For: Primary General 2014  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date 09 27 2014  |    |  |   |
| Nashville  Purpose of Expenditure Salary  Category/ Type  Oot  Office Sought: House District: OO  President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: d5424236-5ac0-4808-9 Date of Disbursement or Obligation  Mo  Office Sought: House District: OO  President Senate State: AR  Disbursement For: Primary General 2014 Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |    | Mailing Address 488 Broadwell Dr   |   |
| Nashville  Purpose of Expenditure Salary  Category/ Type  Oot  Office Sought: House District: OO  President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: d5424236-5ac0-4808-9 Date of Disbursement or Obligation  Mo  Office Sought: House District: OO  President Senate State: AR  Disbursement For: Primary General 2014 Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   | 1  | City State Zin Code  | 20.00                                     |
| Purpose of Expenditure Salary    Category/ Type  |    | ·  | Transaction ID : d5424236-5ac0-4808-9     |
| Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  |    | Salary Odlegory 001  | M = M / D = D / Y = Y = Y                 |
| Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  | 1  | Name of Federal Candidate Support Office   | Sought: House District: 00                |
| Per Election for Office Sought  106363.73  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  |    | Mr. Mark L Pryor Oppose  | President State: AR State:                |
| (c) TOTAL Independent Expenditures   |    | 2014   |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  Date  |    | (a) SUBTOTAL of Itemized Independent Expenditures  | 34.70                                     |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date  Date  Date  |    | (b) SUBTOTAL of Unitemized Independent Expenditures  | 1171171171                                |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  |    | (c) TOTAL Independent Expenditures   |   |
| [Electronically Filed] Date 09 27 2014   | ١  | with, or at the request or suggestion of, any candidate or authorized committee or agent of either |   |
| Dutc vv  |    | [El-+  |   |
|  |    |  |   |

PAGE 94

OF

| Sc  | chedule E)   | PAGE 95 OF 97<br>FOR SE OF FORM 24/48   |
|-----|--|---|
|     | ME OF COMMITTEE (In Full)  | FEC IDENTIFICATION NUMBER ▼   |
| W   | /omen Speak Out PAC  | C C00530766   |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed o  | on Mam / Dad / Yayayay  |
| Т   | Full Name of Payee   | Date of Public Distribution/Dissemination                                       |
|     | Serena A Jones   | 09 25 2014  |
|     | Mailing Address 7151 Mullins Drive   | Amount  |
| Ì   | City State Zip Code  | 90.00   |
|     |  | Transaction ID : 7d6585fe-41bd-4287-9 Date of Disbursement or Obligation        |
|     | Purpose of Expenditure Salary  Category/ Type 001  | 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                   |
| 1   | Name of Federal Candidate Support Office S   | Sought: House District: 00  |
| Ì   | Ms Kay Hagan   | President X Senate State: NC  |
|     | Calendar Year-To-Date Per Election for Office Sought  Disburs 2014   | sement For: Primary   |
|     |  | Date of Public Distribution/Dissemination                                       |
|     | Serena A Jones   | M M / D D / Y Y Y Y Y   |
| Ì   | Mailing Address 7151 Mullins Drive   | 09 25 2014  |
|     | - 7 TOT Walling Direc  | Amount  |
| Ì   | City State Zip Code  | 51.90   |
|     |  | <b>Fransaction ID : 4c8512f6-cc34-480a-9</b> Date of Disbursement or Obligation |
|     | Purpose of Expenditure Mileage  Category/ Type  002  | 09 / 25 / 2014  |
| Ī   | Name of Federal Candidate Support Office 9   | Sought: House District: 00  |
|     | Ms. Kay Hagan Oppose   | President Senate State: NC  |
|     | Calendar Year-To-Date Per Election for Office Sought  Disburs 2014   | sement For:   |
|     |  |   |
| (   | (a) SUBTOTAL of Itemized Independent Expenditures  | 141.90  |
| (   | (b) SUBTOTAL of Unitemized Independent Expenditures  | 1 4 1 4 1 4   |
| (   | (c) TOTAL Independent Expenditures   |   |
| ١   | Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. |   |
|     | Ms. Emily Buchanan [Electronically Filed] Date 09  | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|     | Signature  |   |

| Schedule E)                 |   | DENT EXILING           |                       |                     | PAGE 96 OF 97<br>FOR SE OF FORM 24/48  |
|-----------------------------|---|------------------------|-----------------------|---------------------|--|
| NAME OF COMMIT              |   |                        |                       |                     | FEC IDENTIFICATION NUMBER ▼  |
| Women Spea                  | k Out PAC                               |                        |                       |                     | C C00530766  |
| Check if 24-hou             | ır report X 48-hour repor               | t New rep              | ort Amends repo       | ort filed on        | = M / D = D / Y = Y = Y  |
| Full Name of Pa             | yee                                     |                        |                       | Date of             | of Public Distribution/Dissemination   |
| Marysol Ne                  |   |                        |                       | M                   | 09 / 25 / 2014   |
| Mailing Address             | 312 S Gunter St                         |                        |                       | Amou                | nt   |
| City                        |   | State                  | Zip Code              | — L.                | 30.00  |
| Siloam Springs              |   | AR                     | 72761                 |                     | action ID : d4e97db6-9af9-4f9a-a of Disbursement or Obligation                   |
| Purpose of Expe<br>Salary   | enditure                                |                        | Category/<br>Type 001 | IM                  | 09 / 25 / Y Y Y Y Y Y  |
| Name of Federa              | I Candidate                             |                        | Support               | Office Sough        | t: House District: 00  |
| Mr. Mark L Pryo             | r                                       |                        | X Oppose              | Preside             | ent State: AR  |
| Calendar Ye<br>Per Election | ear-To-Date<br>n for Office Sought      |                        | 106363.73             | Disbursemen 2014 O  | t For:   |
| Full Name of Pa             |   |                        |                       | Date                | of Public Distribution/Dissemination   |
| Marysol Ne                  | tro                                     |                        |                       | N                   | 09 25 2014   |
| Mailing Address             | 312 S Gunter St                         |                        |                       |                     | 25 2014  |
|                             | 0.2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |                        |                       | Amou                | nt   |
| City                        |   | State                  | Zip Code              |                     | 1.50   |
| Siloam Springs              |   | AR                     | 72761                 | Transa<br>Date      | oction ID: df4ce5aa-d8de-4806-9 of Disbursement or Obligation                    |
| Purpose of Expo<br>Mileage  | enditure                                |                        | Category/<br>Type 002 | N                   | 09 / 25 / Y 2014   |
| Name of Federa              | l Candidate                             |                        | Support               | Office Sough        | it: House District: 00   |
| Mr. Mark L Pryo             | r                                       |                        | Oppose                | Preside             |  |
|                             | ear-To-Date<br>n for Office Sought      |                        | 106363.73             | Disbursemen<br>2014 | ther (specify) ▶   |
|                             |   |                        |                       |                     |  |
| (a) SUBTOTAL of             | of Itemized Independent Expe            | nditures               |                       | •                   | 31.50  |
| (b) SUBTOTAL of             | of Unitemized Independent Ex            | penditures             |                       | ·· •                | 7 1 7 1 7 1  |
| (c) TOTAL Indep             | endent Expenditures                     |                        |                       | · •                 | 7 1 7 1 7  |
| with, or at the red         |   | andidate or authorized |                       |                     | cooperation, consultation, or concert<br>the reporting entity is not a political |
| Ms.                         | Emily Buchanan                          | [Electron              | nically Filed] Date   | e 09                | 27 / 2014  |
| Signature                   |   |                        |                       |                     |  |

| Sche  | edule E)   | EXI ENDI  | TOTILO            |         |                    |  | PAGE 97 OF 97<br>FOR SE OF FORM 24/48              |  |
|---|--|-----------|-------------------|---------|--------------------|--|--|--|
| NAME OF COMMITTEE (In Full)   |  |           |                   |         | FEC II             | DENTIFICATION NUMBER ▼   |  |  |
| Wo  | men Speak Out PAC                                    |           |                   |         |                    | С  | C00530766  |  |
| Check if 24-hour report X 48-hour report New report Amends report filed on  |  |           |                   |         |                    |  |  |  |
| Fu  | ull Name of Payee                                    |           |                   |         | Da                 | te of Publi  | c Distribution/Dissemination                       |  |
| _   | James Tatro  |           |                   |         |                    | 09   | 25 / 2014  |  |
| M   | ailing Address 1208 Braeburn Rd                      |           |                   |         | Am                 | nount  |  |  |
| Ci  | ity  | State     | Zip Code          |         |                    |  | 80.00  |  |
| C   | Charlotte  | NC 28211  |                   |         |                    |  | ID: 555bdc13-cd02-455a-b<br>ursement or Obligation |  |
|   | urpose of Expenditure<br>Salary                      |           | Category/<br>Type | 001     |                    | 09   | 25 / 2014  |  |
| Na  | ame of Federal Candidate                             |           | <u> </u>          | Support | Office Sou         | ıaht:  | House District: 00                                 |  |
| M   | 1s. Kay Hagan  |           |                   | Oppose  |                    | _  | X Senate State: NC                                 |  |
|   | Calendar Year-To-Date Per Election for Office Sought |           |                   |         | Disbursen<br>2014  | oursement For: Primary X General  4 Other (specify) ▶                    |  |  |
|   | ull Name of Payee                                    |           |                   |         | Da                 | ite of Publi   | c Distribution/Dissemination                       |  |
| -   | James Tatro  |           |                   |         |                    | M M  | / D D / Y Y Y Y Y                                  |  |
| M   | Mailing Address 1208 Braeburn Rd                     |           |                   |         |                    | 09 25 2014   |  |  |
|   | 1200 Diacouili Nu                                    |           |                   |         | An                 | nount  |  |  |
| С   | ity  | State     | Zip Code          |         |                    |  | 6.90   |  |
|   | Charlotte  | NC        | 28211             |         | <b>Tra</b> i<br>Da | Transaction ID : 2586ad6f-34dd-4ab2-8 Date of Disbursement or Obligation |  |  |
|   | urpose of Expenditure<br>Mileage                     |           | Category/<br>Type | 002     |                    | 09   | 25 2014  |  |
| N   | ame of Federal Candidate                             |           |                   | Support | Office So          | ught:  | House District:00                                  |  |
| M   | ls. Kay Hagan  |           | X                 | Oppose  | Pre                | sident   | Senate State: NC                                   |  |
|   | Calendar Year-To-Date Per Election for Office Sought |           | 330480.58         | 8       | Disbursen<br>2014  | nent For:<br>Other (sp   | Primary X General pecify) ▶                        |  |
|   |  |           |                   |         |                    |  |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures   |  |           |                   |         |                    |  |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |  |           |                   |         |                    |  |  |  |
| (c)   | TOTAL Independent Expenditures                       |           |                   |         | •                  |  | 7103.01  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |           |                   |         |                    |  |  |  |
|   | Ms. Emily Buchanan                                   | [Electron | ically Filed]     | Date    | e 09               | / 27   | / Y Y Y Y Y 2014                                   |  |
|   | Signature  |           | _                 |         |                    |  |  |  |